Clinical Lectures

DELIVERED AT

THE ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS,

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LECTURE I.

OPHTHALMIA NEONATORUM.

GENTLEMEN,—The ophthalmia of new-born infants is an important disease, with the symptoms and treatment of which all surgeons should be thoroughly conversant. If skilfully and judiciously treated, it may, as a rule, be speedily cured; whereas neglect or ignorance on the part of the medical attendant but too frequently leads to the worst consequences, perhaps even to the loss of both eyes.

Before introducing to your notice some patients to illustrate various symptoms of this ophthalmia and its sequelæ, I will very briefly sketch the leading features of the symptoms of this disease, its complications, and the treatment which is to be adopted. Its intensity varies much. In the milder cases, the inflammation only assumes the character of slight catarrhal ophthalmia. The lids are somewhat swollen, red, and œdematous; the palpebral and ocular conjunctiva injected; and there is a slight muco-purulent discharge. But in the severer forms the symptoms are very different. The lids are very red and swollen, the upper eyelid hanging down in a heavy fold. When the lids are everted and the discharge is wiped away, the conjunctiva is found to be very vascular, swollen, and succulent, and its papillæ very prominent. There is often great chemosis round the cornea. The edges of the lids become sore and excoriated, and the lashes glued and matted together by the discharge. The latter is thick, yellow, creamy, and perhaps so copious that it oozes out between the lids, and flows over the cheek; it is sometimes tinged with blood. On account of the laxity of the tissues, the swelling of the lids and conjunctiva is often very great, even in the milder cases, and perhaps quite disproportionate to the severity of the disease. Instead of being soft and doughy, the lids are sometimes hard and stiff, the conjunctiva pale and yellowish-grey, and the discharge scanty, thin, flaky, and somewhat membranous. This condition, to which Wecker gives the name of cyanosis conjunctivæ, is due to a great retardation in the circulation of the lids.

As the principal danger of the disease is the implication of the cornea, the condition of the latter should be frequently and carefully ascertained. At first there may only be a slight haze or steaminess of the cornea, or a more dense infiltration, which may pass over into an ulcer. The infiltration may gradually diminish in thickness, and be absorbed, leaving finally no trace behind it; but if it be dense and extensive, it may give rise to a permanent thick opacity. The ulcers may appear near the periphery or the centre of the cornea, and remain superficial, or may increase in depth and circumference, and lead to perforation of the cornea, thus giving rise to certain complications which vary in gravity and danger according to the extent of the perforation. These complications are—1, anterior synechia; 2, prolapse of the iris; 3, central capsular cataract; 4, displacement or obliteration of the pupil; 5, anterior staphyloma; 6, if the perforation is very extensive or the cornea sloughs, more or less of the contents of the eyeball are evacuated, and the globe generally shrinks and atrophies, or general inflammation of the eyeball (panophthalmitis) first ensues. Iritis may also supervene upon the affection of the cornea.

The disease is generally due to contagion, produced by gonorrhœa, leucorrhœa, or some other vaginal discharge. Both the mothers of the patients who are here to-day were suffering from leucorrhœa at the time of confinement. Sometimes the sponges or cloths used for washing the child are the carriers of the contagion. External irritants, such as exposure of the eyes to cold, bright light, dust, &c., are also a frequent cause. If the disease is due to contagion, the primary symptoms manifest themselves within the first two or three days; if to external irritants, three or four weeks may elapse before their appearance.

The prognosis is, as a rule, favourable, more especially if the disease is mild in character, and is seen at the very outset; if the cornea is not affected, and if proper care and treatment can be enforced.

The first patient, J. B——, aged nine weeks, presents a good illustration of one of the complications to which ophthalmia neonatorum may give rise—viz., anterior synechia. Two days after birth the first symptoms of ophthalmia presented themselves, for which he was treated by the surgeon in attendance. Last week he was brought here to me, on account of the corneal opacity in the right eye, the ophthalmia having, in the left, run its course without leaving any trace behind. But in the right eye you observe an opacity near the centre of the cornea, towards which a portion of the iris is drawn up, and to which it is adherent, the pupil not being circular, but somewhat displaced in the same direction. In the very centre of the opacity there is a small black speck, which is due to the lodgment of a minute portion of the iris in the perforation. The adhesion of the iris to the cornea is termed anterior synechia, and is thus produced: When an ulcer perforates the cornea the aqueous humour flows off, the iris falls forward, and a portion of it becomes glued to the bottom of the ulcer by the lymph which is effused. The pupil is more or less displaced, or may be partially or wholly implicated in the adhesion. If the perforation is quite central, the lens will come in contact with the bottom of the ulcer, and an anterior capsular cataract may thus result. The latter condition is well shown in the second patient, who has also just recovered from ophthalmia. Here you notice in each eye a minute central opacity of the cornea, and, accurately corresponding to this, a very small white dot on the centre of the anterior capsule. Anterior capsular cataract is almost invariably produced in the following manner:—When a minute central ulcer of the cornea perforates, the aqueous escapes, the iris and lens fall forward against the cornea, plastic lymph is effused into the bottom of the ulcer, and a small nodule of this is deposited on the centre of the anterior capsule, which alone remains uncovered, as the pupil contracts when the aqueous flows off. The nutrition of the lens is impaired near the deposit of lymph, so that its superficial layers here become somewhat opaque; hence, even although the lymph may afterwards become absorbed, yet a central opacity remains behind. In fact, the capsule has always been found to be transparent.* The ulcer of the cornea heals, the aqueous humour reaccumulates, and the iris and lens recede. This causes the adhesion between the capsule and the cornea to be torn through, but the opacity on the centre of the capsule remains. Now, should the cornea subsequently become transparent, the origin of the anterior capsular cataract may be unsuspected. But on careful examination with the oblique illumination, we can often discover a faint central corneal opacity, just indicating the seat of the original ulcer. When the opacity on the capsule is prominent and sugar-loafed, it is called pyramidal cataract. Mr. Hutchinson thinks "that the mere proximity of the inflammatory action on the surface of the conjunctiva and cornea suffices to disturb the nutrition of the lens-capsule, and to produce deposits."† But to this hypothesis it may, I think, be objected that it is difficult to understand why such deposits should be always confined just to the centre of the capsule; and, moreover, that in recent cases we can almost always trace a distinct central opacity of the cornea. Even the absence at a later date of any corneal opacity does not disprove the pre-existence of a perforating ulcer; for how frequently do we not observe even considerable-sized ulcers disappear without leaving finally any trace behind. How much more likely, then, is it to be the case when the perforation has been so minute as it must have been to produce capsular cataract; for, had it been considerable, the adhesion between the cornea and lens would have been too firm to have yielded, and an adhesion would have resulted.

* Vide articles upon Capsular Cataract by Heinrich Müller, "Archiv für Ophthalmologie." Also by Schweigger, ib.

† Vide Mr. Hutchinson's paper "On Pyramidal Cataracts, with Speculations as to their Cause," Royal London Ophthalmic Hospital Reports, vol. vi., p. 136.

The first indication in the treatment of ophthalmia neonatorum is cleanliness. The infant's eyes should be washed directly after birth, and the greatest care be taken that the same sponges, cloths, water, &c., are not used for the mother and child. The latter should not be exposed to cold winds or draughts, or bright, glaring light, &c. If its eyes are red and irritable, and there is a little muco-purulent discharge, a weak collyrium of sulphate of zinc or alum (one or two grains to an ounce of distilled water) should be applied two or three times daily. But if the inflammation runs high, and the discharge is thick, creamy, and copious, stronger astringents must be employed. In out-patient practice, where we cannot see the patients daily, the use of the following injection will be found the best mode of treatment:—Sulphate of zinc, two grains; alum, four grains; distilled water, one ounce. Some of this is to be injected, with a small glass syringe, between the lids every fifteen or thirty minutes during the day, and every two or three hours at night; the frequency of the application and the strength of the injection varying with the exigencies of the case. Before it is employed, the eye should be cleansed with an injection of lukewarm water, so that the discharge may be washed away. Every day or two a drop of a strong solution of nitrate of silver (from four to ten grains to the ounce) may be applied. If only one eye is affected, the other should be protected against contagion by a firm pad of cotton-wool and bandage, this being removed twice daily so that the eye may be washed. If the patient can be seen once or twice daily, I prefer to apply the mitigated crayon of nitrate of silver (one part of nitrate of silver to one or two parts of nitrate of potash) to the conjunctiva, as we can regulate and localise its effect better. The lids being well everted, the crayon is to be lightly applied to the palpebral conjunctiva, its action being at once neutralised by a copious application of salt and water. If there is great swelling of the conjunctiva, the latter is to be freely but very superficially scarified with a small scalpel directly after the neutralisation of the caustic. Then cold (perhaps iced) compresses should be applied to the lids, to diminish the inflammatory reaction, and assist in the contraction of the blood-vessels; but great care and circumspection are required in their employment, for if they are continued too long they may prove very injurious. If the edges of the lids are sore and excoriated, a little citrine ointment should be applied. When the disease presents the cyanotic character, and the discharge is thin and flaky, the nitrate of silver must be used with great caution. Wecker recommends small doses of mercury in such cases. Should the cornea become cloudy or ulcerated, atropine drops (two grains in an ounce of water) are to be used three or four times daily, the astringent treatment being continued as before. If the ulcer threatens to perforate, it should be pricked with a fine needle, and the aqueous humour be allowed to flow off very gently; this may have to be repeated several times. If perforation has taken place, and there is prolapse of the iris, the latter should be pricked with a needle, and on the aqueous escaping the prolapse will collapse, and then a firm compress bandage should be applied. It may be advisable to repeat the pricking of the prolapse several times. If the prolapse is large, it should first be pricked, and then snipped off with a pair of scissors. When the perforation of the cornea is extensive, and the lens is bulging into it, an incision should be made in the cornea and the lens be allowed to escape, a firm compress bandage being at once applied. We may thus succeed in saving a sufficient amount of clear cornea to permit of the formation of an artificial pupil at a subsequent period, and thus perhaps save a certain degree of vision.

SANITARY MATTERS AT THE ISTHMUS OF SUEZ.—M. de Lesseps alludes, in his report, to the sanitary state of the men employed on the canal works; and states that, in 1859, the population consisted of 25 Europeans and 125 natives; in 1868, there were 16,010 Europeans and 18,248 natives; whilst now, in 1869, there are no less than 22,843 Europeans and 19,557 natives. It is curious to note how the number of Europeans increases with a diminution of the works. The mortality, excluding the cholera year, remained at about one per cent., whilst it is 2·40 per cent. in France. It is said to relate that, out of the eleven medical men who have been employed since the beginning of the undertaking, six have perished: four of them died in 1869.

ON

ALBUMEN IN THE URINE, SOMETIMES IN CONJUNCTION WITH THE COLOURING MATTER OF THE BLOOD, AS A CONSEQUENCE OF SURGICAL DISEASES AND OPERATIONS.*

BY HENRY LEE, F.R.C.S.,
SURGEON TO ST. GEORGE'S HOSPITAL.

DURING the years 1837–8 I collected together several cases which occurred in the wards of St. George's Hospital, in which the urine was albuminous, but in which there was reason to believe that there was no disease of the kidneys. In most of these cases the presence of albumen was accounted for by the ascertained disease of the bladder or of the prostate gland. This, however, was not invariably the case. One instance in particular occurred, which left a permanent impression upon my mind. A patient had albuminous urine, and in the absence of any ascertained disease of the bladder Sir B. Brodie diagnosed the affection as a disease of the kidney. An issue was ordered in the loins. The patient maintained that his back was sound, and that the disease was below, pointing to his perineum. Sir Benjamin told the patient that he must yield to his judgment upon the point. This the patient refused so to do, and backed his own opinion by leaving the hospital. What the result was in this case I had no means of ascertaining; but the constancy with which the man affirmed that the disease was not in his back led me to think whether, after all, he might not possibly have been right.

Many years after this I met in consultation, at Sir B. Brodie's, Dr. Owen Rees and the late Dr. Seth Thompson. The patient was an eminent and well-known engineer. He had albuminous urine. He was supposed to be labouring under disease of the kidney, and a most unfavourable opinion of his case was given. The patient went to Egypt, and returned apparently very much improved in health. He now worked night and day, and often retained his water for many consecutive hours. At the time when one of his greatest works was achieved he was seized with an attack of apoplexy, and died a few days afterwards. Upon a post-mortem examination, there was no disease of the kidney to account for the albumen in the urine, but a most remarkable condition of the right ureter was discovered. The ureter on this side was very much dilated throughout. About its centre was a hard knot, which, upon examination, was found to be caused by an intussusception of all the coats of the canal. At this part the ureter was not contracted; on the contrary, the little finger could be passed along it without disturbing the intussuscepted portion. The mucous membrane here was intensely vascular. It was no doubt from this congested knot that the albumen, which for many years had been present in the urine, was derived. The post-mortem examination in this case was conducted by Mr. Charles Hawkins and myself.

During the last year I read before the Clinical Society a paper in which I gave the details of a case in which a large quantity of albumen was habitually present in the urine. This patient had caries of one of the bones of the forearm and of one of the ribs. The case I regarded as having its origin in specific disease. Under specific treatment the affected bones were restored, and after a time the albumen entirely disappeared from the urine. When this case was read, some of the most eminent pathologists present were disposed to look upon the presence of albumen in the quantity described, as indicative of disease of the kidney. This disease they supposed must have been cured by the specific treatment. On the other hand, I was inclined to regard the presence of albumen in the water as a consequence of the disease which was going on in other parts of the patient's system.

Quite recently two cases have come under my care which have appeared to me to demonstrate that when the blood is

* Written for the Leeds Meeting of the British Medical Association.

contaminated in consequence of accident or disease, albuminous water may be the result, without any organic disease of the kidney. The albumen in such cases, together with the colouring matter of the blood, may escape in very considerable quantities.

CASE 1.—W. R——, aged twenty-two, was admitted into St. George's Hospital, under my care, on the 25th of April, 1869, for varicocele.

On the 6th of May I performed the usual operation for that disease. There was some slight bleeding at the time.

The following day (May 7th) the skin between the needles had become greatly distended by the effusion of blood. The skin over the effused blood sloughed on the 8th, the pulse was 112, and the tongue furred. The next day the urine had assumed a dusky-brown colour.

May 10th.—The urine was of the colour of decoction of sarsaparilla; it contained an abundant deposit, and was albuminous.

11th.—The urine passed in the morning was almost black. That which was voided in the afternoon was "smoky." He was now better. Pulse 86; skin natural.

13th.—The slough between the needles was separating. Urine still albuminous.

14th.—The urine was now almost clear, and contained no albumen.

The wound healed readily; and the patient was discharged on the 2nd of June.

Dr. Beale was good enough to examine for me the urine passed in this case. He reported that "the black and almost opaque urine was of specific gravity 1030. It contained, in 1000 grs., 71 grs. of solid matter. The deposit consisted of triple phosphate and globules of urate of soda. The black colour was not due to blood-corpuscles, but to colouring matter adherent to very minute granules of urate diffused through the urine, but not in solution. When the urine was evaporated, the extract had the ordinary appearance, and exhibited no unusual colour whatever."

I had an opportunity of seeing this patient and examining his water during the third week in July. He was then in perfect health, and his urine quite natural and free from albumen.

CASE 2.—A. C——, aged forty, was admitted into St. George's Hospital on Jan. 2nd, 1869. Five years previously he had been wounded by a musket-ball in the lower part of the neck. The wound healed, and he resumed his duty at the expiration of seven weeks. After a short interval, however, several abscesses formed in the neighbourhood of the old cicatrix; these gradually destroyed the greater part of the soft tissues on the right side of the neck. No fresh abscess had, however, formed for the last four years, but during that time he had suffered much from what he called rheumatism. On Dec. 31st, while stretching his neck in shaving, he felt an unusual sensation. The next day there was a swelling at the part, which he supposed to be a boil. This swelling gradually increased; it pulsated uniformly over its whole surface, and the skin covering it became quite black. The common carotid was tied on January 8th, 1869, and a drawing of it was made on the 11th.

My clinical clerk had tested the water in this case previous to the operation, and had found it free from albumen.

Jan. 13th.—A drop or two of blood oozed through the skin covering the tumour, which was reduced in size, and had entirely ceased to pulsate.

14th.—The urine was of a very dark colour, and very albuminous.

15th.—Dr. Ogle, who was good enough to see the patient with me, reported that "the urine was very albuminous. It contained no casts of the uriniferous tubes. Its specific gravity was 1029. It contained no appreciable amount of sugar." Some puriform fluid, containing broken-down coagula, was discharged from the wound.

16th.—The wound was looking well, and appeared to be healing.

A second drawing was made on the 13th of February, when there was very little discharge from the wound, which had nearly closed. The patient never, however, regained his general health. The albumen in the urine continued. He suffered much from pain in the chest and upper part of the abdomen. He gradually became much emaciated, and died. Unfortunately no post-mortem examination could be obtained.

Independently of the cases which have fallen under my own care, I have known of others in which, after a surgical operation or disease, the urine has become albuminous, and sometimes has remained so for a very considerable period. I have also been informed of two cases in which the urine at the same time became very dark-coloured, and was supposed to contain blood. The cases which I have given, although few in number, are, I think, sufficient to show that albumen in large quantities may be present in the urine as a secondary affection dependent upon disease in some distant part. Such an affection must be carefully distinguished from any local disease capable of producing albumen in the ureters, bladder, or urethra. In both classes of cases the albumen may be produced independent of any organic disease of the kidneys, and in both it may be mixed with the colouring matter of the blood. From the cases which have come under my notice I am inclined to believe that in the first class the colouring matter of the blood is found independent of any blood-corpuscles; and that in the second the colour depends upon the blood-globules themselves. All the cases which I have known in which the peculiar colour of the urine, to which I have drawn attention, has accompanied the secretion of albumen as a secondary affection, (independent of any disease of the kidney, and independent of any affection in the urinary channels themselves,) have been instances in which there was evidence, more or less distinct, of coagula having formed in some part of the vascular system. These coagula have been disintegrated and removed. The colouring matter of the blood has disappeared with the other portions of the coagula; and when we find this same colouring matter reappearing in a disintegrated form in the secretion of the kidneys, we are justified, I think, in concluding that the matter so eliminated formed part of the coagula which had been disintegrated, and removed in the course of the circulation.

Savile-row, August, 1869.

ON A CASE OF

TABES MESENTERICA AND SECONDARY CHRONIC PERITONITIS.

BY EDWARD ELLIS, M.D.,

PHYSICIAN TO THE VICTORIA HOSPITAL FOR SICK CHILDREN, LATE PHYSICIAN TO THE SAMARITAN HOSPITAL FOR WOMEN AND CHILDREN.

WILLIAM D——, aged four, residing at Battersea, was admitted an in-patient at the Victoria Hospital on April 28th, 1869. His previous history (for the notes of which, as also for many of the observations made during his stay in the hospital, I am indebted to the present house-surgeon, Dr. F. M. Pierce) showed that he had always been delicate. Six months previous to admission he had measles, followed by swelling of the abdomen, which partially subsided. He had no pain during this illness. Two months later the swelling, which had almost disappeared, returned, and continued to increase, without pain, up to the day of admission. Has generally been a lively child, with good appetite. There is strong suspicion of his having had scarlatina; but the mother cannot be certain. He has not had any jaundice since the present illness. Both parents appear healthy, and they have no other child with glandular swellings.

General state on admission.—A small, dark, strumous-looking child; face pale; lips red; angles of mouth sharply defined; the genal lines well marked; cervical glands of both sides much enlarged, the skin being movable over them. There is an eczematous patch behind the right ear. The upper and lower extremities are much emaciated, and there are two or three small ulcerating surfaces between the toes. The ribs are small, elastic, and irregularly ossified. The abdomen is round, much enlarged, and marked by numerous tortuous veins. Measured over first lumbar vertebra horizontally to 1½ inches above the umbilicus, the circumference was 24·5 in.; from the tip of the ensiform cartilage to the upper border of the pubes, 10 in.; from the umbilicus to the right superior iliac spinous process, 5·5 in. The umbilicus protrudes more than an inch. Fluctuation well marked in all directions. The splenic dulness slightly

increased, and percussion at that part is attended with some little pain. By reason of the great distension, the condition of the liver is ascertained with difficulty; the right lobe is about half an inch below the margin of the ribs, and the left lobe extends about two inches down into the epigastric region. Percussion is tympanitic over the right side below the liver. Both lumbar regions dull. The entire abdominal cavity is evidently filled with fluid. The tongue is clean, red, slightly glazed. The bowels regular; the stools pale, and rather solid. The urine is acid, and of pale, clear, straw colour; sp. gr. 1013; no albumen or sugar. Pulse 144, regular; respiration rather, but not notably, hurried; temperature in axilla (10 A.M.) 99·5° F. There is not a trace of œdema of the extremities or over the sacrum. The little fellow remains tolerably quiet, but is occasionally restless. The appetite is good. He is often cheerful, sitting up, and playing with his toys. He was ordered the following mixtures:—Cod-liver oil, lime water, of each one drachm, three times a day; compound scammony powder, compound jalap powder, of each five grains; as occasion may require. Diet, ordinary; port wine, one ounce daily.

May 1st.—His bowels are acting three or four times in the twenty-four hours; better colour. Pulse 156, small and weak.

3rd.—Abdomen measures, in circumference, 25·5 inches; from pubes to umbilicus, 5 in.; umbilicus to ensiform cartilage, 6·5 in. Bowels regular; very healthy in appearance.

5th.—Abdomen measures 27 inches; pubes to umbilicus, 5 in.; umbilicus to ensiform cartilage, 7 in. No albumen in urine; respiration very fair. Ordered iodine ointment and cod-liver oil, in equal parts, as an ointment, to be frequently applied to the abdomen.

7th.—Pulse 162. The superficial veins much enlarged; no appreciable alteration in the size of the abdomen; temperature in axilla (10 A.M.), 101·2°; appetite good; sleep much broken.

10th.—The circumferential measurement is now 27·5 in.; the rest the same. Bowels regular, the stools being more fluid; slept better last night; temperature 98·3° in axilla (10 A.M.); pulse 148, smaller, regular. The umbilical hernia has increased.

11th.—Has had four or five attacks of vomiting of green biliary matters. Ordered some beef-tea, which he takes well. Bowels act regularly, but the stools are more solid; abdominal measurements continue the same. The umbilicus was ordered to be strapped.

14th.—Temperature (10 A.M.) of axilla, 98°; appetite excellent, but he is evidently weaker. There is some little dyspnœa, and a few mucous râles are audible. Ordered two ounces of port wine daily.

17th.—Increasing feebleness; great sleeplessness. This, with an accession of congestive bronchitis, terminated the case fatally on the 18th.

Autopsy, forty hours after death.—On opening the abdomen three pints of fluid escaped. The position of the viscera was then seen to be natural.—Thorax: Pericardium contained two drachms of clear fluid; heart firm, contracted, normal; right lung adherent over the whole surface, of pale-red colour, and a little emphysema at free border; no tubercle at apex or elsewhere; left lung free, congested, of leathery consistence; bronchial and mediastinal glands much enlarged and indurated.—Abdomen: The liver (11¼ ounces) adherent to diaphragm, especially along the round ligament; left lobe enlarged, having on the under surface a large white patch of thickened capsule a sixteenth of an inch thick; gall bladder full; hepatic substance congested; no tubercle. The vessels of the transverse fissure were closely surrounded by enlarged lymphatic glands, but no actual obstruction to the flow of the blood or of the bile could be detected. The great omentum was adherent by its lower lateral edges to the abdominal parietes, with much apparently recent congestion at the junction; the left lobe of the liver was joined with the gastro-splenic omentum to the contiguous portion of the abdominal wall. Spleen (weight 3·5 oz.) very congested; structure normal; no tubercle. Kidneys (weighing 3·5 oz.) very congested, otherwise normal. Pancreas imbedded in a mass of mesenteric glands. Cæcum adherent to parietal peritoneum. No trace of lymph in either small or large intestines. The intestines were limited in movement by the mass of enlarged mesenteric glands, extending down the entire spinal column. The glandular coat was hypertrophied and cartilaginous; the gland-substance firm; no trace of cheesy matter to be seen. The size of the glands varied from a small pea to a walnut, and they were united together in clusters like grapes. There was no tubercle in the intestines, or on any part of the abdominal wall, or in any of the organs, except the glands.

Remarks.—The diagnosis of this case presented features of considerable interest. Being able pretty clearly to eliminate the liver, kidneys, and spleen from taking much, if any, part in the morbid changes, the question seemed to lie between tubercular peritonitis and tabes mesenterica. Still the case did not fit exactly the course of either the one or the other. The absence of pain, in particular, seemed against the idea of peritonitis. The hypertrophied cervical glands would naturally supply a hint in the direction of tabes. Dr. West remarks that in tubercular peritonitis a vague sense of fluctuation may be felt in the hypogastric region, which seems more distinct at one time than another; is never as marked as is the fluctuation in cases of ascites, and is doubtless due (as suggested by MM. Rilliet and Barthez) to the transmission of the shock by the agglutinated mass of intestines from one side of the abdomen to the other. Dr. Churchill says that when the mesenteric glands are affected alone, we shall find neither the abdominal swelling (at least to the same extent) nor the fluctuation of tubercular peritonitis; but if the glands, for example, press upon the thoracic duct, effusion of painless character may take place into the peritoneum. Dr. Abercrombie records cases of chronic peritonitis without any actual pain—merely tenderness giving rise to uneasiness on pressure (which is just what my patient had). The diagnosis of tabes mesenterica complicated with chronic peritonitis was eventually adopted as the probable solution; but I confess I was not prepared to find the peritoneum and intestines absolutely destitute of tubercular deposit. There can be no doubt that the tabes was the primary affection; and as it could not be made out that the vessels at the hepatic notch were in anywise compressed, although surrounded pretty closely by enlarged glands, we have, as accounting for the ascites, the recurrence of slight attacks of partial peritonitis, produced no doubt by the attrition of the hypertrophied glands against the peritoneum. The congestion about the attachments of the edges of the great omentum, in particular, looked very recent. It is probable that it may have actually occurred about the 7th of May, when the temperature in the axilla went as high as 101·2°. Other sites of adhesion looked far less recent, and some were evidently of very old standing. It is also worthy of remark that, although the bronchial glands were notably enlarged, the mesenteric disease outstripped altogether in importance any symptoms to which they may have given rise. Until the final attack of bronchitis, the child suffered remarkably little from cough or dyspnœa.

Warwick-street, Belgravia, June, 1869.

CASE OF

PERSISTENT AND ALARMING HICCOUGH IN PNEUMONIA,

CURED BY THE SUBCUTANEOUS INJECTION OF MORPHIA.

BY JOHN CONSTABLE, M.D.

ON Monday morning, May 10th, I was called to visit Mr. A——, aged thirty, and after examination found the following state of matters:—The patient had gone to visit a friend, about ten miles distant, on the previous Friday evening, during the prevalence of a cold east wind. After partaking of supper, he felt very unwell, and retired to bed. In the morning he felt worse, and began, as he himself expressed it, "to cough up and spit blood." On the following day he was brought home in an open conveyance. When I visited him, two miles from my house, on Monday morning, I found him labouring under all the ordinary symptoms of pneumonia of the left lung; decided dulness of the lower two-thirds of the left side of the chest; fine crepitation over the corresponding lung; a copious rusty expectoration; annoying cough; pulse 120; tongue coated and dry; urine scanty and thick, &c. The bowels had been moved with

castor oil. His most distressing symptom, however, was a persistent hiccough, which had begun shortly before I arrived. To this symptom, occurring in pneumonia, and its treatment, I wish particularly to call the attention of the profession.

Thinking the hiccough would readily give way after the bowels were moved and the secretions corrected, I paid, at this time, little attention to it, prescribing more especially for the pneumonia. I ordered a poultice of linseed meal and mustard to be applied round the whole of the left chest; a fresh poultice of linseed meal to be applied every three hours: five grains of grey powder, to be followed in the evening by a teaspoonful of Gregory's mixture, and occasional doses of a mixture containing liquor of the acetate of ammonia, spirit of chloroform, and sweet spirits of nitre. Food to consist of sweet milk, chicken tea, &c.

May 11th.—Pneumonic symptoms no worse. The patient had, however, a restless night, more especially on account of the hiccough, which was no better. I now tried various measures, such as pressure, cold draughts of water, sudden alarms, and counter-irritation over the stomach and diaphragm; mustard poultices repeatedly applied. A draught containing thirty minims of solution of muriate of morphia at 10 P.M.

12th.—Pneumonic symptoms going on favourably; but, with very short intervals, the hiccough continuing as severely as ever, shaking the distended stomach and its contents in a very violent manner, evidently from spasmodic contraction of the diaphragm. The bowels were again freely moved, and various drugs—spirit of chloroform, tincture of opium, extract of belladonna, creasote—received a fair trial without any benefit. Sudden starting, slapping of cold towel over diaphragm, pressure over phrenic nerve, &c.; *but hiccough no better.*

13th.—Patient very much exhausted and distressed, as the hiccough, with scarcely any interval, had continued all night as severely as ever. I was at my wit's end, not on account of the pneumonia proper, which was progressing as favourably as could be expected, but because of this formidable and persistent hiccough. I continued some of the above-mentioned remedies, and asked Professor Bell, of St. Andrews, to see the patient with me in the evening. He confirmed my diagnosis as to the pneumonia, and agreed with me in thinking that, in so far as medication was concerned, it might be left now greatly to itself. We resolved to continue the constant poulticing to the chest, and address our treatment more particularly to the hiccough, which had now reached an alarming extent, and threatened, at no distant period, to kill our patient. Some of the remedies I had been employing received another trial—spirit of chloroform, bismuth, lime water and cold soda water, &c.; ice could not be got. A large belladonna plaster was applied all night over the region of the stomach, and a dose of chlorodyne administered. If these remedies should fail, we agreed to apply a cantharides blister over the region of the stomach and diaphragm, dressing it with solution of morphia; if that also failed, to try the careful inhalation of chloroform, and to keep the patient under the influence of it for some hours, or longer if necessary.

14th.—The patient had slept scarcely any; the hiccough was as bad as ever, and had been so all night. During the day several of the before-mentioned drugs were administered, and the blister applied, as agreed to at the consultation. The patient was now taking very little support, and what little he did swallow was almost immediately rejected by the belching and retching of the stomach, in connexion with the violent and distressing contractions of the diaphragm, which were shaking not only the whole body, but the very bedstead, by their vehemence.

15th.—Finding our patient in a very haggard and prostrate condition when I visited him this morning in company with my friend, Mr. Whitson, a medical student in his fourth year, I resolved to commence carefully, with his assistance, the inhalation of chloroform, as agreed to at the consultation with Dr. Bell, as the hiccough was continuing as bad as ever, in spite of everything that had been done. But before doing so, weighing in my own mind the fact that this hiccough was in all probability produced by spasmodic contraction of the diaphragm, caused by the abnormal excitement or irritation of the phrenic nerve, and remembering the beneficial, almost miraculous, results of the subcutaneous injection of morphia in *nervous* complaints, such as convulsions, sciatica, lumbago, tic douloureux, &c., I determined to give it a fair trial. I had with me a phial of the solution of muriate of morphia and Dr. Alex. Wood's syringe, by which I carefully injected ten minims of the solution under the skin over the intercostal muscles. I presume the arm might have done equally well. It will scarcely be believed, but the fact is, notwithstanding, that in a few minutes, as if by magic, *the hiccough stopped completely, and did not return.* The patient was left, of course, in a very weak and exhausted condition. I administered a dose of chlorodyne at bedtime.

16th.—The patient had a good night, the first for more than a week, and was greatly refreshed. No return of the hiccough. The stomach now retained milk, small quantities of beef-tea, and a teaspoonful of brandy occasionally. Physical examination showed that the pneumonia was progressing favourably. The rusty expectoration gradually got less, and in a day or two lost its rusty colour; the pulse counted 80 beats per minute; tongue cleaning at edges, and more moist. In short, from this day the patient slowly, but decidedly, improved uninterruptedly, till at the end of three weeks from the commencement of his illness, he was able to resume his ordinary avocation, though complaining of being easily knocked up from want of strength.

Remarks.—It may be remarked by some that the disease in this case may have reached the crisis on the 15th, and that the hiccough might have given way without the subcutaneous injection of morphia. If so, it was a very remarkable coincidence that within a few minutes of the operation Nature should have interposed and stopped the hiccough. The patient, a most intelligent person, a teacher by profession, insists that there was no coincidence of crisis in the matter, and that he is quite satisfied the injection of the morphia stopped the hiccough, and saved his life. I am of the same opinion.

Before the above case occurred I had not seen hiccough to any extent *in pneumonia*, and was not aware that it accompanied that disease *as a symptom.* A medical friend has informed me, however, that about a year ago he had in his practice a case of pneumonia very similar to the above, in which hiccough came on on the third or fourth day. All the usual remedies were given without any benefit, and the patient died, he tells me, *of hiccough*, and not of the pneumonia properly speaking. Of course the subcutaneous method of cure requires further confirmation; but I think the facts I have narrated, in connexion with the above case, warrant me in bringing the subject prominently before the profession.

Leuchars, Fifeshire, June, 1869.

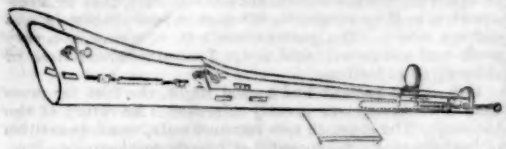
DESCRIPTION OF AN

IMPROVED SPLINT FOR THE LOWER EXTREMITIES.

BY D. W. WILLIAMS, M.D.

HAVING constructed an apparatus, or universal splint for the lower extremities, acting on quite a novel principle, I am induced to bring it before the notice of the profession. I was led to turn my attention to the subject from the difficulty often experienced in country practice with splints in common use, amongst which may be enumerated Liston's long splint for fracture of the femur (which cannot be too highly estimated in the hands of the experienced, possessing ordinary mechanical ingenuity, under favourable circumstances), owing, particularly in union practice, to paucity of room, and ill-constructed bedsteads, with beds and mattresses of anything but even surface. Also the less frequent visits, necessarily arising where the distance is considerable, place the patient in a position very unfavourable as compared with that of those living in towns, or enjoying the advantage of treatment in hospital, the inmates of which are always under the immediate supervision of the medical attendant; so that with the best-directed efforts, and proper application of splints, deformities will sometimes take place in country practice, in the hands even of the most expert and experienced.

Without in the remotest degree wishing to detract from the many ingenious contrivances for fractures of the lower extremities, I feel convinced that my splint, from its simplicity of action and universal adaptability, will obviate the necessity for any other form. This sketch will at a glance demonstrate its *modus operandi*.



It is made of three pieces of deal board, 3½ feet long. The lower one, which I propose to call the *leg-rest*, is scooped out internally, for the thigh and leg to lie on smoothly; externally, it is flat, to rest evenly on the bed. Two side pieces, about five inches long, are glued on each side of the upper end of the leg-rest, forming a lunated crutch at their free extremity, completed by the free upper extremity of the leg-rest. This crutch is well padded with sponge, covered over with wash-leather tacked to the splint, which forms an easy resilient cushion to surround the upper part of the thigh, resting against the fold of the nates, and embracing the side of the perineum, the rami of ischium, and the pubes.

This is the most important part of the apparatus, and one for which I claim novelty of construction and action; not being aware of any other extending power but that of the perineal band from the pelvis, whereas in my apparatus the action is reversed, the perineum and pelvis forming the point of resistance from extension by screw action from the foot. Two mortises will be seen at the junction of the leg-rest and crutch-pieces, about two inches long, on each side, for the passage of a silk handkerchief or bandage to secure the upper part of the thigh well to the splint.

From these lateral *crutch-pieces* there are two side splints tapering off to the heel, but divided about the centre at the knee-joint, to allow of their independent action, and attached to the leg-rest, at either extremity, by hinges, which are convenient for unfolding to dress the limb in compound fractures, &c., or to allow of bandaging the limb to the leg-rest in very thin subjects. There are also two sets of mortises at the knee, on each side, for the passage of bandages to secure the limb for extension in cases of fracture of the leg. There is a long thin mortise extending from above the knee to nearly the crutch-piece on either side, measuring six or seven inches between the hinged parts, for the passage of three folds of bandage, sewn together six or seven inches wide, one end of which is first tacked below the slit on one side, passed through, over the front of the thigh, and through the slit on the other side, from within outwards, to be secured below by a few tacks, or brought round to the front again and there secured. Padded auxiliary splints may be found useful or necessary in fractures at either extremity of the femur, placed under this and the crutch bandage, and firmly secured.

There is at the extreme end a thick piece of oak board, placed transversely, below the centre of which a long wooden screw passes through a female screw, to be attached to the foot-board, which slides on the sides of a space of about twelve inches long by two and three-quarters broad, sawn out of the leg rest, to allow of any disparity in length of limb, and broad enough for the heel to move in freely.

The foot being secured by a few turns of bandage round the ankle and instep, cotton wadding having been first folded on the ankle and foot, the limb is fixed to the foot-board, first by passing the bandage through the notches on each side near the heel, which prevents it from slipping upwards, and afterwards bandaging the foot securely to the board up to the toes. The crutch-bandage having been made secure, extension is made by steadily unscrewing the screw—rather a primitive, home-made contrivance, which could doubtless be improved upon, both as regards elegance and facility of application, by some of the London instrument makers. A thick board is placed transversely below the centre, eighteen inches in length by twelve in breadth, which prevents the possibility of any displacement, or rolling on the most uneven surface. Any extemporised piece of board would answer the purpose, so that it is not absolutely necessary it should be fixed to the splint, which makes it less portable. There are hinge joints between the heel and foot boards, to allow of its being folded into the splint for portability.

To recapitulate. I claim for the apparatus—

1st. Ease of application in the hands of the inexperienced, and those wanting in mechanical skill.

2nd. The even, regular, general support afforded by Macintyre's splint, or double inclined plane, together with extension, so that both limbs can be always compared as to length.

3rd. Very superior advantages in affording means of dressing in compound fractures and resection of knee-joint, without relaxing extending force.

4th. Nicely adjusted screw-extension power.

5th. Adaptation to any fracture, from hip-joint to ankle, to any length of *adult* limb, and to both sides.

6th. The very gradual, easy screw action, rendering extension in hip- and knee-joint diseases highly advantageous, preventing tension, and attrition of the inflamed articular surfaces, with the general and regular support the splint affords. The former on the principle inculcated first, I believe, by Paget and Prescott Hewett, and practised, by weights and pulleys, in the case of the Princess of Wales; the latter on the principle of *rest*, advocated by Scott, and more recently, in a most able and exhaustive manner, by Hilton.

7th. Aneurismal clamps may be fixed to any part of it.

8th. Subjects with excessively feeble circulation can be treated without the fear of sphacelus from tight bandaging, or indeed without any bandaging whatever, if in any way contra-indicated.

The thigh-piece is fitted with two lateral pads, made of soft swan's-down calico, stuffed with two layers of cotton wadding, joined together in the centre by one layer of the same material four or five inches wide, which is tacked to the floor of the leg-rest. The free edges of the lateral pads are made to project somewhat over the edges of the side splints, and loose, to allow of any soft material being placed between them and the splint, and for the bandages &c. to pass through the slits. The leg-piece is supplied with the same.

To conclude: shortening or any other deformity is rendered almost a matter of impossibility with ordinary care, thus depriving bonesetters, and their abettors, which are not a few, of the extreme felicity of chuckling at the practitioner's failure—a frequent result, however, of their own malpractice, but which, with accustomed proclivity for quackery in general, the public so readily ignores. I am not without hope that my humble efforts may assist, in a slight degree, to reduce deformities to nil, which, it cannot be denied, although often unavoidable, are standing opprobria to the qualified practitioner.

Menai-bridge, Bangor, July 8th, 1869.

ON A CASE OF

EXTENSIVE WOUND INTO THE TARSO-METATARSAL ARTICULATION, WITH THE EXTENSOR TENDONS DIVIDED.*

BY W. S. J. H. MUNRO, M.D., M.R.C.S. LOND.

EDWARD B——, of Pond Farm, Faukland, a healthy boy, seven years of age, got injured by a reaping machine on the 11th of June, 1869, his right foot being caught between the second and third external teeth of the knife, and his body hanging forward over the machine whilst in motion, six or seven yards being traversed before he could be extricated.

I saw him forty minutes after the injury, when the bleeding, which was at first considerable, had ceased. The strong boot and woollen stocking were both cut half through on their upper aspects, completely saturated with blood, and covered over with pieces of skin and tendon. On examining the foot, the tarso-metatarsal articulation was completely sawn open, the dorsal and interosseous ligaments torn, and all the extensor tendons cut; the wound commencing on the

* Communicated by Sir William Fergusson.

inside at the sole of the foot, and from thence running upwards and outwards across its dorsum to the base of the fifth metatarsal bone, laying the joints completely open, and allowing the entire metatarsal part of the foot to drop (when unsupported) into a line with the leg.

The parents (though when the boot and stocking were removed they declared that they could see through the sole of the foot) would not hear of amputation; so I at once closed the wound (after carefully washing out the synovial cavities) with silk sutures and strips of adhesive plaster, laying over all a cold-water dressing, and supporting the foot.

June 14th.—All gone on well since the accident. Have now removed the plaster and dressing, and covered the foot over with a liniment composed of one part of rectified spirits of turpentine and two parts of hog's lard.

19th.—There is the slightest appearance of suppuration on the surface of the sore to-day; so the liniment is made with twice the proportion of turpentine.

28th.—No sign of suppuration since last report. Wound now nearly healed. The sutures have not yet come away.

July 2nd.—Sutures now removed; wound all but healed. A few small vesicles containing clear fluid have to-day appeared over the course of the wound. Ordered to discontinue the turpentine, and use cold-water dressing instead.

9th.—Wound now quite healed. He is able to get out of doors a little; but not yet allowed to bend his foot.

19th.—The boy is now convalescent, and daily regaining the use of the extensor tendons.

Radstock, near Bath, July 19th, 1869.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum allorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

CALCULUS VESICÆ: CASE WHERE DEATH FOLLOWED THE INTRODUCTION OF THE LITHOTRITE.

(Under the care of Mr. HENRY SMITH.)

THE patient's case is interesting and instructive, as it shows what serious results may ensue from the introduction of an instrument into the bladder of an apparently healthy person, especially should there exist any disease either of the organ itself or of the kidney. Instances have occasionally been met with in the hands of various surgeons where death has rapidly followed even the mere introduction of a catheter or sound, and it is probable that in most of these instances some disease of the kidneys, which was not ascertained during life, existed to render the operation so dangerous. In the case we are about to relate, the man was of such a remarkably healthy appearance, of small and wiry frame, that there was not even a suspicion of any organic disease about him, and no case would appear to have been more favourable for an operation. Mr. Smith also used the utmost gentleness in introducing the lithotrite for the purpose of ascertaining the size of the stone, and had not the slightest difficulty in laying hold of it, and the fatal result of this manœuvre was a matter of astonishment to all those who witnessed the introduction of the lithotrite.

H. D——, aged sixty, a spare, wiry-looking, healthy countryman, was admitted into the hospital on January 18th, with symptoms of stone. With the exception of these symptoms, the man seemed to be in remarkably good health.

On the 20th, Mr. Henry Smith introduced a moderate-sized lithotrite very gently into the bladder, and, opening the blades, immediately seized a stone, which he measured, and found to be about three-quarters of an inch in diameter, and apparently very hard. This proceeding only lasted a few moments, and produced scarcely any pain. Mr. Smith determined to crush the stone in a few days.

On visiting the patient on the 22nd, Mr. Smith was surprised to find him suffering most severely from vesical irritation, the symptoms being continual desire to pass urine, which was effected with severe pain, and only in small quantities. Warm baths and opiates (both by the mouth and rectum) were exhibited, but gave scarcely any relief. The general system soon became affected, and a low typhoid condition was established; and the patient continued in this state of extreme suffering until the thirteenth day after the use of the lithotrite, when he died.

On post-mortem examination the following appearances presented:—A stone composed of oxalate of lime, and slightly covered by phosphates, was found lying on the base and left side of the bladder. It was nearly as big as a blackbird's egg. At the point where it lay there were three ulcerated patches, the mucous membrane being destroyed. The structure of the bladder itself was much thickened, and on cutting through its walls there were seen two or three cavities containing purulent matter, and these cavities were lined by a distinct and well-formed membrane. The prostate was much enlarged. The right kidney was much enlarged, and its surface was studded over with minute whitish deposits. The cortical structure was much congested, and the calyces of the kidney contained some muco-purulent secretion. Left kidney healthy.

In some remarks which this case gave rise to, Mr. Smith stated that it was fortunately one of extreme rarity. He had never witnessed any bad results from the passage of a lithotrite, although, of course, like others, he had on more than one occasion witnessed the most violent symptoms, and even death, after a single act of crushing a stone. He must confess that he was sorely puzzled, when the violent symptoms came on, to know how to account for them, and he was in doubt whether he should not introduce the lithotrite, and break up the stone at once—a measure which is known to be very effectual in removing similar symptoms after a stone has been once broken probably into large fragments; but he thought the proposal too hazardous. Then the question naturally occurred to him as to whether he should not perform lithotomy, and thus remove what might be the offending cause. He considered this point very seriously, and conferred with his colleagues about it; but it was not deemed advisable in the condition the patient was in to resort to this step. The appearances after death justified the wisdom of non-interference; for it was clear that disease of the bladder, at least, had been going on for some time, and there is no doubt that the simple introduction of the lithotrite and measuring the stone had in that state of things excited fresh mischief. The most extraordinary feature in the case was the entire absence of any symptom of concomitant disease of the bladder when the patient first applied.

CHARING-CROSS HOSPITAL.

CASE OF EPILEPSY SUCCESSFULLY TREATED WITH ASSAFŒTIDA.

(Under the care of Dr. POLLOCK.)

THE following case is interesting not less as an example of failure of the bromide of potassium to influence the recurrence of fits described as epileptic in character, than from the successful results attending the use of assafœtida.

C. Y——, an unmarried woman, twenty-nine years of age, applied at the hospital in November, 1868, suffering from epileptic fits. She said she had been liable to them since she was nineteen years of age, and that they had been gradually increasing in severity and frequency, usually attacking her once or twice in a fortnight. She loses all consciousness, falls down, struggles violently, bites her tongue and lips, exhibiting, in fact, all the usual phenomena of an epileptic fit, ending with a deep sleep, from which she wakes much exhausted. The attacks come on quite unexpectedly. She has a sallow complexion, and the distressed and anxious look so common in epileptics. Her general health is pretty good, and she menstruates regularly. The case was first treated with bromide of potassium, gradually increasing the

dose from fifteen to forty grains three times a day, but without the slightest benefit. Sulphate of zinc, quinine, and tincture of iron were all tried in full doses, but no good result followed. In April last half a drachm of tincture of assafœtida with three grains of carbonate of ammonia was given three times a day, and with a most satisfactory effect. Since the first week that the remedy was tried she has had no return of the fits, though she suffers at times from headache and a feeling as if a fit were coming on. She has her medicine renewed occasionally, and is still under observation.

Dr. Pollock remarks, that if the fits had not been so clearly epileptic (she had one on one occasion while being seen at the hospital), it might be supposed that the case was one of hysteria; but there can be no doubt as to the nature of the disorder, though it is accompanied by some symptoms of a nervous character, which first led to the employment of the assafœtida.

The hint afforded by this case has been taken advantage of, and other cases of epilepsy have been treated with the same drug, but at present without any decided results. It may be worth while, Dr. Pollock suggests, to adopt this mode of treatment in cases where other medicines have been given without affording any relief.

ST. MARY'S HOSPITAL.

HÆMATO-HYDROCELE TREATED BY A SETON.

(Under the care of Mr. NORTON.)

HAD the patient whose case is here narrated not left his bed too early, it is not likely that the formation of pus would have taken place; whilst at the same time it is most probable, judging from the symptoms described, that sufficient inflammation had been established to promote adhesion of the layers of the tunica vaginalis, and so to prevent a recurrence of the disease.

H. K—— had an enlargement of the right testicle, which had commenced ten months previously and had continued to enlarge gradually since that time. On examination, the scrotum was found to be somewhat ecchymosed, and the veins were enlarged. The tumour was pyriform in shape, extending up into the external abdominal ring, where the spermatic cord could be felt thickened and indurated. The tumour fluctuated, and on percussion vibrated. On applying a lighted candle, no light could be perceived through the tumour. The patient stated that the bruised appearance of the scrotum had only existed for a fortnight, and that about the same time it became weighty and very painful. He could not account for the alteration, either by a blow or by any other injury. The patient was admitted into the hospital, and on the following Wednesday Mr. Norton punctured the tumour, and drew off eight ounces of fluid, of a specific gravity 1035, containing much blood. All pain was removed by the operation; but on the fourth day the tumour had regained its original size, and the pain returned. On the following Wednesday about the same quantity of a similar fluid was removed. The trocar and canula were then made to perforate the skin of the scrotum in a second place, and a single thread of oiled silk was now passed and tied loosely. The seton thus formed was removed in thirty-one hours, when it was found that the tumour was again very hard and painful, and now contained, probably, about five ounces of fluid. An antimonial mixture was administered internally, and a lotion of acetate of lead and laudanum was applied to the testicle. On the fifth day the enlargement had considerably diminished, the aching had passed off, and the skin, instead of being tense as hitherto, was now corrugated.

The patient, feeling in good health and free from inconvenience, left his bed without permission, but, soon finding a recurrence of the pain, returned to bed.

The following day inflammation had set in; the skin became red and puffy, and the part hot and painful. Linseed poultices were now applied, and in two days after, as suppuration had evidently taken place, an incision was made into the lower part of the scrotum. Several ounces of pus were evacuated, but very extensive induration and enlargement still remained. Poultices were applied so long as the induration and discharge continued.

The patient was discharged cured in three weeks from the date on which the seton was passed.

Provincial Hospital Reports.

ROYAL SURREY COUNTY HOSPITAL.

A CASE OF DIABETES MELLITUS TREATED BY OPIUM WITH BENEFIT.

(Under the care of Dr. STEDMAN.)

MR. THOS. F. HOPGOOD, house-surgeon, has been kind enough to send us the following interesting case:—

Wm. W——, aged twenty-three, was a mitted Nov. 19th, 1868, suffering from the above disease. His general appearance was thin, his walk unsteady. He complained of great thirst, of passing a large amount of urine, and of having lost considerably in weight. Upon examining his urine, it was found to contain a large amount of sugar; no albumen; specific gravity 1036. Chest healthy; weight 8 st. 8 lb. Drink taken in 24 hours, 13½ pints; urine passed, 16 pints. To take tincture of opium, five minims, three times a day. Diet: two eggs, two ounces of brandy, two pints of milk, ten ounces of meat; bread made of bran,* sufficient to make a loaf, two eggs, milk, and gum arabic. Under this treatment his symptoms gradually became better, the quantities of drink and urine being—

	Drink.	Urine.
Nov. 21 ...	13½ pints. ...	16 pints.
„ 22 ...	12½ „ ...	17 „
„ 23 ...	10 „ ...	13 „
„ 24 ...	14 „ ...	17 „
„ 25 ...	12 „ ...	17 „
„ 26 ...	7 „ ...	7 „
„ 27 ...	7½ „ ...	6 „
„ 28 ...	6 „ ...	6 „

The average quantity per day for each fortnight was as follows:—

	Drink.	Urine.
From Nov. 29th to Dec. 12th ...	$7\frac{5}{14}$ pints ...	$6\frac{13}{14}$ pints.
„ Dec. 13th to Dec. 27th ...	$6\frac{9}{14}$ „ ...	$5\frac{9}{14}$ „

On Christmas day he had a small piece of plum pudding, and next day the drink ran up from 6 to 10 pints; the urine from 6½ to 11 pints.

On the 27th of December he left off the opium mixture, and had one composed of dilute nitro-muriatic acid and infusion of gentian. His weight was 8 st. 13 lb. Specific gravity of urine 1030, and quantity passed 5½ pints. The fluid taken was 6¾ pints. The average quantity for the fortnight per day was:

	Drink.	Urine.
From Dec. 27th to Jan. 10th ...	$6\frac{13}{14}$ pints ...	$6\frac{5}{14}$ pints.
„ Jan. 11th to Jan. 24th ...	$7\frac{12}{14}$ „ ...	$7\frac{3}{14}$ „

His weight was 8 st. 9 lb.

On the 11th of January he commenced taking the opium again in the shape of opium pill, a grain and a half three times a day, and has had it increased up to eight pills a day. The average for the next fortnight per day was:

	Drink.	Urine.
From Jan. 28th to Feb. 10th ...	$7\frac{5}{14}$ pints ...	$7\frac{3}{14}$ pints.

And the last week he was in the hospital it averaged per day:

Drink.	Urine.
6 pints	5¼ pints.

The specific gravity was 1030, and there was only a slight trace of saccharine matter. The diet was the same throughout, with the exception that during the latter part he was taking the bran biscuits (diabetic) instead of the bran bread.

After he left the hospital he continued for some time as an out-patient; and his opium was by degrees lowered until he was only taking three pills a day, without any change in his symptoms for the worse, and he was able to take a situation as schoolmaster.

* The bran was soaked some time in milk, the milk being renewed once or twice.

Two men, whose physiological works have shed much lustre upon Germany, have just died at and beyond the ripe age of eighty years. Purkinje, whose researches are well known, has died at Prague; and Carus, who also devoted his powers to psychology, died at Dresden, much regretted by a large circle of friends and admirers.

THE ARMY MEDICAL REPORT FOR 1867.

No. II.

IF the reader of this volume will turn to the end of the Report, immediately preceding the Appendix, he will find a summary which will afford him at a glance the amount of sickness, mortality, and invaliding, and the average number of men constantly non-effective from sickness in the Army at home and abroad during the year, as well as the average of the seven preceding years. The rate of mortality for 1867, though higher than that in 1866, was below the average of the last seven years, and the numbers discharged as invalids and constantly non-effective from sickness were each 5 per 1000 below that average.

As regards the health of the troops serving in the United Kingdom during 1867, it appears that there has been an increase of 17 per 1000 in the admissions, over those of 1866, attributable to the greater prevalence of venereal diseases, which have been 33 per 1000 in excess of the preceding year.

Continued Fevers show a marked decrease, except at Dublin, and in the dockyards and arsenals—chiefly Woolwich. The mortality at Dublin from this cause, which was five times higher than in 1866, is explained as having been due to the occurrence of a number of cases of the disease denominated cerebro-spinal meningitis, or purpuric fever, a disorder which, it will be remembered, excited much interest a few years ago from its great prevalence in Northern Germany.

The mortality from Tubercular Diseases during 1867 was exceptionally high—higher, indeed, than in any year since 1862.

Under the head of Accidental and Violent Deaths, we find that there were 25 suicides in the year. Suicide is common among soldiers as a class, and the predisposition to it is probably connected with the monotony of their lives and duties. The 3 accidental injuries are of a character not usually met with in returns. They were from the bites, respectively, of a tiger, a bear, and a monkey. A man of the 17th Lancers is described as having sustained his wound "while playing with the regimental bear!"

The Sanitary Reports for the Home Stations need not detain us long. We have already alluded to the increased prevalence of fevers at Woolwich. This may help to explain the reason:—

"Many cases of scarlatina appeared during the year in the brick cottages on the Common, occupied by soldiers' families. The sewer runs close to the rear, and open privies are placed directly over it. The sewer openings are all untrapped. Improvements are contemplated, but it is hoped that these wretched cottages will be pulled down before long, and additional model Cambridge cottages erected."

In the Report on Aldershot, from Inspector-General Lawson, the reader will find the results of some instructive experiments which were undertaken to test the temperature of the huts and barracks, with the view of determining the allowance of fuel necessary. The men were not getting enough, during the winter, to maintain the warmth necessary for comfort, and they had, consequently, to supplement the Government allowance at their own expense; and this appears to have been the case at other stations.

The following remarks by Inspector-General Muir on the "new overland Indian route" system were called forth by the arrival at Netley of the first two batches of invalids, numbering 347 and 216 respectively, during the winter of 1867-68. Dr. Muir says that, on neither occasion, were the sick so carefully selected as they ought to have been, in order to obviate the risks arising from sudden changes of temperature. The experience of medical officers shows that a large proportion of the invalids conveyed *vid* the Cape benefited by the long voyage, and Dr. Muir thinks that it would still be desirable to send a certain proportion by that route. In connexion with this subject, the reader will do well to refer to Dr. Beatson's paper in the Appendix "On the Transport of Troops and Invalids in India."

A curious form of fever appears to have prevailed at Gibraltar as an epidemic during the year under review. It is said to have closely resembled the dengue fever of the West Indies. It was believed to have been introduced from Cadiz, where it prevailed to a great extent among the civil population. Deputy Inspector-General Rutherford observes that, "it was generally remarked that when one member of a family was attacked, the disease spread through the entire household. About two-thirds, it is believed, of the inhabitants of Gibraltar suffered from it, although many of the cases were of so mild a character as scarcely to be observed. There were no fatal cases among the troops; but some of the oldest and most feeble of the civil population are said to have sunk from the extreme prostration consequent on the attack."

Those who are interested in ascertaining the facts connected with the prevalence of cholera in the Mediterranean during 1867 will find them under the head of Malta, at page 49.

A threatened attack of yellow fever amongst the troops at Barbadoes seems to have been averted by their immediate encampment. In Jamaica the troops were not so fortunate, and the little epidemic which occurred among them formed the subject of a Commission, whose elaborate report is published in the Appendix. The 84th Regiment was the principal sufferer. There were 90 cases of yellow fever admitted into hospital, from a strength of 818 non-commissioned officers and men serving in the island, and of these 31 died. In the same period 10 cases and 5 deaths occurred among 82 officers; 11 cases and 5 deaths among 105 women; and 2 cases, both of which recovered, among 135 children. The officers therefore appear to have suffered in rather a higher proportion than the men. Of the former two were of the Commissariat Department, two regimental officers, and one staff assistant-surgeon.

The Indian Mutiny has, among other things, led to the maintenance of an enormous European garrison in that country. The losses by disease and death among the Imperial troops cause a terrible drain upon our resources. It is not surprising, therefore, that what are called "vital statistics," as well as all questions affecting the sanitary condition of our Indian troops, always absorb a considerable degree of attention.

The reports by different medical officers, and particularly one by Dr. Beatson, furnished us last year with a detailed account of the outbreak of epidemic cholera in the Bengal Presidency. We now learn that this outbreak was the cause of the high rate of mortality by miasmatic disease during 1867. The admissions and deaths from cholera were greatly in excess of any of the preceding five years. It was more fatal and prevalent at Peshawur than at any other station in the command. Out of a force of 1769 men, there were 254 cases and 157 deaths in forty days. Meerut was second only to Peshawur, the troops stationed there having suffered greatly from the same cause. The 3rd Regiment, between the 17th and 26th of September, had 106 cases and 101 deaths, out of a strength of 708 men—an enormous mortality. Curiously enough, while the 3rd Regiment was being more than decimated, other corps at the same station appear to have almost entirely escaped this scourge.

In 1867, 188 cases of sunstroke, and 71 deaths, occurred among the British force in the Bengal command. The great prevalence of sunstroke was indirectly attributable to the cholera. In the opinion of the medical officers, the attacks arose from exposure during the movements of the men out of cantonments to the cholera camp. The 103rd Regiment, on the 15th and 16th of July, while *en route* to a cholera camp, had 37 cases and 7 deaths; and, in the 106th Regiment, 44 cases and 12 deaths occurred in camp, and only 4 cases and 1 death in cantonments.

The Sanitary Report from Bombay, by Inspector-General Gordon, C.B., strikes us as a good document. It is tersely written, and short, and yet not too short to have included all the more important questions demanding consideration.

THE LANCET.

LONDON: SATURDAY, AUGUST 21, 1869.

WE publish in another place (p. 284) the essential parts of the Report of the Committee of the General Medical Council on Medical Education. Though we publish it thus separately—chiefly because of the difficulty we have had hitherto in finding space for it,—we do not regret to make it public by itself and apart from the load of other matter with which it must have been incorporated. In a few weeks the great subject of medical education will again command the attention of teachers and students; and on every hand it is admitted that there are serious reasons for revising our whole system of education and examination.

We need scarcely remind our readers of the position of the Council in regard to this question. At its meeting in 1868, on the motion of Mr. SYME, a Standing Committee was appointed to "consider and report how the various subjects of medical education which have been deemed requisite by the Council may be taught with most advantage; in what order they should be studied; and how the examinations on them ought to be arranged." On the strength of this motion the Committee proceeded to gather opinions on the subject from all possible quarters. And the result of this gathering process is to be found in a valuable, though rather voluminous, Appendix, published by the Committee during the late sitting. The Report itself of the Committee stands over for consideration at the next meeting of the Council. It, together with the Appendix, is meantime to go the round of the licensing bodies, and be accompanied with a request for their criticism. We do not wish to be severe upon the Council. But this is a good illustration of the way in which it manages to extend a great question over several years—to consult with great civility all interested bodies, and then to come to a conclusion as little perturbative of all existing arrangements and interests as possible. There is an illustration, we think, in this Report of the excessive civility of the Council. If any one duty more than another was devolved upon the Committee for consideration and report, it was the best methods of medical education; not the subjects to be properly embraced in medical education, which have been already defined by the Council, but the most advantageous way of teaching them. Now, this is precisely the question that is avoided in the Report which we publish to-day. With a surprising timidity or reluctance, after being appointed to consider *how* the various subjects deemed requisite by the Council may be taught, the Committee proceeds to allay the fears of those who may have been apprehensive that the Council might lay down rules as to methods of teaching which might too much limit the freedom of teachers. And with great simplicity, and in beautiful illustration of the habit of the Council's thought, the Committee adds: "We do not think that the Council is likely to do this to any greater degree than has always been done by the medical corporations"! Really the worst enemy of the Council could not have constructed a sentence more strikingly illustrative of the weakness of the Council than this. Here is a specific duty assigned to a Committee of the Council—a duty second in importance to none ever devolved upon a committee—nay, the essential duty for which the Council itself was created; and the Committee evades an expression of opinion on it, and coolly assures the fearful that it is not likely that, in that matter, that fundamental matter, the Council will be likely to do anything which the medical corporations have not always done! There have been various deliverances of late on the various modes of medical education, and there has been much disparaging remark on the ignorance displayed by many men who have gone through the whole curriculum of the corporations. The appendices of the Committee's Report show how actively teachers and other authorities are canvassing existing modes of teaching, and how prevalent the impression is that the student is lectured rather than taught. The one authority that has been gathering evidence, and was expected to speak out, and would have spoken with effect, is silent upon the subject, and pledges the Council, as far as it can do so, to do nothing more than the corporations have always done. The profession will more than ever ask what is the use of this costly Council, if in a vital matter like this it cannot make up its mind, and is not likely to do more than the corporations. Made up so predominantly of the representatives of the corporations and teaching bodies, it is yet afraid to act without consulting the bodies themselves, whose methods are under criticism. And even before doing this it gives the soothing assurance that it will do nothing which they have not always done.

Having said this, we are free to confess that there are indications in the Report of a very clear discernment of the real defects of our present system of medical education. The rearrangement of subjects, and the increased prominence of certain parts, such as medical chemistry, therapeutics, and hygiene, must be approved; so also must be the recommendations that both in the first half of professional education teaching should be practical, and in the last that it should be clinical. The licensing bodies are wisely urged to limit the area of their demands. The Report is creditably explicit on the subject of the great evil of numerous and unequal examinations for the licence, and urges that the time has arrived when, leaving to the Universities and Corporations full liberty to deal as they please with their honorary degrees and distinctions, the Medical Council should endeavour to effect such combinations of the licensing bodies as may form a conjoint examining board for each division of the kingdom, before which every person who desired a licence should appear, and by which he should be examined on all subjects. Our own opinion on this subject is well known, and need scarcely be repeated here. It is injurious to the public interest and derogatory to the character of the profession that there should be more than one licensing board in each division of the kingdom. The examination should be strict in its character, and the examiners should be men of authority in their respective subjects, and should be chosen and paid by the State.

We have not time or space to discuss other questions mooted in the letters of the appendices, though not decided on by the Committee. Two things are clear: that examinations must be more testing—that is, more clinical and practical, and that, in order to do this, teaching must be more practical too. Students may safely be liberated as to the means by which they are to acquire their knowledge if they are subjected to a more severe test of its actual acquisition. Dr. WILKS pointedly says in his letter to the Committee: "*During the period I have been examiner at the University of London, where a practical clinical examination is required,* I have been much impressed with the fact that not a single candidate has ever appeared who was not quite *au fait* at the bedside in a thorough investigation of the case of a patient."

GIVEN the Thames as the chief source of the water-supply of the metropolis, few will be disposed to question the dictum of the Royal Commission, which has recently dealt with the subject, that, "It is absolutely essential to the good quality of the Thames water that it be effectually filtered." The fourth clause of the Metropolis Water Act renders filtration by the different water companies compulsory, and requires that it shall be "effectual;" but the evidence laid before the Royal Commission showed that "filtration has been imperfectly carried out" by the companies. "The process of filtration," says the Commission, "presents no difficulties, all that is wanted being a sufficient area of filtering surface." But, it is added, "there seems to be no efficient means of enforcing an observance of the provision of the Act; and the neglect of the companies to comply with it, notwithstanding the repeated attention drawn to the imperfect filtration, shows the necessity for some change in the system of supervision to which the supply of the metropolis is subjected." The change suggested is the transference of the control of the water-supply from trading companies to a responsible public body, which should have powers conferred upon it for the purchase and extension of existing works, and for levying sundry rates.

It may be admitted without hesitation, that the only proper mode of dealing with the water-supply of a large population, and indeed of any aggregated population, is by placing it under the control of a responsible public body, and this, whether as a question of the quality of the supply, or of any and all of the multifarious questions which arise out of it. But it must not be overlooked that, as regards the metropolis, the suggestion of the Commission involves very considerable practical difficulties—difficulties which, as matters now stand, cannot be said to admit either of ready or of near solution. To say nothing of the obstacles which will arise in obtaining the assent of the Legislature to the suggested change, the enormous cost involved in the purchase of the rights and property of the existing water companies, will make the metropolis hesitate long before it willingly incurs so formidable an additional burden. With the Metropolitan Board of Works in debt to the extent of £8,000,000 sterling for improvements recently completed or in process of being carried out, and with the increased burdens cast on the ratepayers by recent decisions of the Poor-law Board, eventuating in bricks and mortar, it is to be feared that even so grave a question as the regulation of the water-supply, when heralded by a huge further drag upon the pockets of the people, would not meet with very speedy acceptance.

That the suggestion of the Royal Commission will and must be carried out, in process of time, we fully believe. But while thus believing, we cannot conceal from ourselves the fact that, as it stands, it leaves us in the meanwhile in a worse state than before. For, while the question raised by the Commission is pending, and until it is known how it will be dealt with by Government and the Legislature, it is tolerably certain that the water companies will not undertake any large works for the improvement of their supplies, whether as to quality or to quantity. Again, although we have the assurance of the Commission that the sewage contamination of the Thames will become less and less from year to year, until reduced to a minimum unworthy of consideration, it is not to be forgotten that while the river purifies the people sicken, and that, for aught the Commission suggests to the contrary, the companies may continue to deliver imperfectly filtered water unchecked.

Now, as effectual filtration is, as the Commission states, "absolutely essential" to the good quality of the Thames water—that is to say, to render it fit for drinking and other domestic purposes—to limit, in fact, within the straitest bounds those dangers which may be inferred to attach to the water from the natural history of the stream,—it is to be regretted that no suggestions were made for the immediate obviation of a neglect which, according to the Commission's reasoning, must be more injurious to the public health now than at any subsequent period.

Happily, however, the metropolis is not in so hopeless a state of helplessness as to the present quality of its water-supply from the Thames as the Commission's report might lead the reader to infer. The inquiry recently carried out by Mr. J. NETTEN RADCLIFFE for the Medical Department of the Privy Council Office, concerning the imperfect filtration of the water supplied to South London, shows that we need not fold our hands in despair until Jove comes to our relief in the form of a public board of water-supply. Mr. RADCLIFFE makes known, first, that not all the water companies of London are open to the charge of neglecting to filter the water delivered by them effectually; secondly, that those guilty of such neglect have taken, and are taking, large measures to relieve themselves of the charge of neglect for the future; and, thirdly, that the stimulus of a little Government interference and the pressure of public opinion definitely directed would probably cause to be removed promptly and thoroughly all cause of complaint as to the visible quality of the water supplied by the companies which have been the greatest offenders.

Although in one sense it is true, as the Commission states, that as to effectual filtration all that is wanted is "a sufficient area of filtering-surface," yet Mr. RADCLIFFE shows that, whatever the area of filtering surface, it is requisite, if filtration is not to be a mere hap-hazard process, that the depurative action of a filter upon the water passing through it should be systematically observed from day to day. It is a remarkable and almost incredible fact, that none of the metropolitan water companies make any

definite observations upon the water supplied by them to ascertain whether it is properly filtered or not—whether, in other words, their filters do their duty or not. The most extraordinary result of Mr. RADCLIFFE'S inquiry, strange as it may seem, is, indeed, that he finds it necessary to recommend the adoption of so very rudimentary and commonsense a plan as the systematic examination of the state of the filtered water of the different companies, to be carried out daily, (1) by the companies themselves, and (2) by a properly authorised public officer. These observations, it is suggested, should be carried out on a given common method, and registered, the registers of the companies being open to the inspection of all properly authorised officials, whether of the supreme government or of the local governments under which the companies' supplies are distributed. As to the second of Mr. RADCLIFFE'S suggestions, he virtually recommends that the Registrar-General should publish records of the state of the water-supply of London as to turbidity weekly, and not monthly, as at present. Such a record, if containing daily observations, would prove a most effectual check upon the operations of the different companies. In fact, it is in the highest degree probable that this check alone would efficiently control any tendency to neglect of filtration. Further, if, at the suggestion of the Privy Council, Mr. RADCLIFFE'S recommendations be adopted by the companies which formed the subject of his investigations (as we see little reason to doubt, except in so far as they may be held to be affected by the suggestion of the Royal Commission as to a transfer of property and control to a public body), effectual filtration of all the water supplied to the metropolis may be secured pretty certainly, and with a very trifling delay.

IN the last number of the *Zeitschrift für Biologie*, Professor PETTENKOFER gives a general account of his views on the origin of cholera, concluding with a series of propositions, of which we propose to give a short summary. He commences by observing that cholera proceeds from a specific infectious substance, which can be historically shown to have been generated in certain districts of India for several hundreds of years. In these places it is endemic, just as there are many places in Europe where typhus and intermittent fevers are endemic, and where these also, like cholera, rise at certain periods to great epidemics. There are, however, many parts of India in which cholera cannot be regarded as endemic, since it may wholly disappear even for a long period, but in which it may suddenly reappear in the form of an epidemic after human intercourse with places where it is already rife. The facts now known in regard to its local and seasonal occurrence, not only in India, but in other parts of the world, give strong support to the theory that there is a specific germ or infectious substance capable of being carried from place to place, which, however, in order that it should produce the specific product which induces an attack of cholera in a human subject, requires a determinate local substratum—the specific product proceeding from the mutual action and reaction of the cholera germ and the cholera substratum or soil. The specific cholera germ produced in India may, for the sake of brevity, be distinguished by the letter *x*; the substratum or soil affording space and time for the development of the germ by *y*; and the product of these, which constitutes what we understand by the proper poison of cholera, by *z*. On this theory neither *x* nor *y* is, *per se*, capable of occasioning an attack of Asiatic cholera, but only *z*. The specific nature (or quality) of *z* is determined by the specific germ *x*, and the quantity of *z* that is produced at any time or place is dependent on the quantity of the soil *y*. The nature of *x*, *y*, and *z* is as yet unknown; but it may fairly be assumed that they are all of them of an organic nature, and that *x* at least is an *organised* germ or body. Dr. PETTENKOFER conceives that, taking into consideration the recent discoveries that have been made on the polymorphism of many of the lower organisms, it is a matter of great importance, as constituting a sure foundation for further investigation into the nature of cholera, that the several kinds and varieties—in other words, the several values—of *y* should be found, deduced from researches upon the metamorphoses of organised substances, and upon the organic processes which take place in various strata at various depths, under different conditions of temperature. We must admit that in those parts of India in which cholera is endemic, *z* must be constantly present, though in varying quantities at different times; so that at one period the stationary cholera germ *x* may occasion comparatively few attacks, and at another period may be in such quantity as to enable it to produce an epidemic. The quantity of *z* therefore—the presence of *x* being presupposed—depends in the first place on the quantity of *y*, and the quantity of *y* on the local and seasonal conditions of the soil. There is every reason for believing that the specific cholera germ *x* may nourish itself for a time, and may perhaps even increase to a considerable extent in the interior of the body—as, for instance, in the intestines of man; but it is to be borne in mind that in a case of cholera the human body is only a field or stage for the operations of *z*, and that without *y* coming into direct communication with *x* the poison *z* would never be produced. The constituents of soils can penetrate into the interior of man from considerable depths in two ways—first through the water contained in the soil, and secondly by the air contained in it; in cholera the last-mentioned mode seems to be that which preponderates. The original germ, the soil, and the specific product—i.e., *x*, *y*, and *z*,—all seem to be capable of distribution even to great distances, not only through the air, but through the agency of human intercourse. When the first of these is brought into a house or a locality, it occasions no disease, but first acts in the proportion that *y*, or the proper soil, exists there, and in which, and by reason of which, it can develop *z*. When that is formed, then the disease breaks out. On the other hand, if a certain quantity of *z* be actually introduced, it may, even without the presence of *y*, induce cholera in persons who from any cause are predisposed to it; but such attacks are the result of the co-operation of *y*, derived, it may be, from some distant place which was necessary to the origination of the imported mass of *z*. In general it appears that human intercourse tends to spread the germ *x* abroad, probably by the excreta, *z* not being present in sufficient quantities to produce the disease, though they are both, in all probability, usually associated together. Clothes moist

with the fluid of cholera, diarrhœa, and similar fomites, appear to accumulate *z* and *x* in large quantities, preserving them very perfectly, and enabling them to be transported to great distances; and there is every reason for believing that such clothes may keep the germs of cholera alive for as many as twenty-one days without the presence of the substratum *y*. But here we must stay our hand, with the intention of resuming the subject next week.

Medical Annotations.

"Ne quid nimis."

THE CONTAGIOUS DISEASES ACT AT DEVONPORT.

THE determination of the Admiralty to place the Lock wards of the Royal Albert Hospital, Devonport, under the charge of a salaried officer, *not* one of the surgeons of the charity, deserves strong public notice and animadversion. We do not, nor, we believe, do the surgeons of the hospital in question, object to the duties which have hitherto been performed gratuitously being now paid for by the Government; but the mode in which this change is brought about, and the method by which the lock wards will for the future be governed, are matters calling for very serious remark.

The Chairman of the Committee of the Albert Hospital appears to occupy a very peculiar position, since he is not merely the nominee of the governors of the charity, but seems to be also the confidential adviser of the Admiralty, and a colleague, so to speak, of the Government "visiting surgeon," Dr. Sloggett, R.N. He, it appears, has given notice to the surgeons of the charity over which he presides, that their services will shortly be dispensed with in the lock wards, and the surgical staff have consequently addressed a letter of remonstrance to the Committee, appealing against the decision which the Chairman, and through him the Government, have arrived at, on the following grounds. The reasons given by the Chairman for the proposed change are—1. The impossibility under the present system of obtaining any individual responsibility. 2. The existence of certain discrepancies in the practice and results of the four present medical officers. 3. The alleged fact that cases have been sent out of the hospital uncured. The surgeons proceed to demolish these pleas most satisfactorily, showing—1. That the responsibility of each surgeon for his cases is the same here as everywhere else, and that it has never been attempted to be proved that the slightest inconvenience has arisen from the divided responsibility at present existing. 2. They show by statistics that the supposed discrepancies between the results of the several surgeons have been grossly exaggerated. 3. In answer to the charge of sending out patients uncured, based by the Chairman upon a return of the number of women detained ten days and under during the June quarter, the surgeons show conclusively that of the 88 cases said by the Chairman to have been discharged uncured, 63 had *not* been re-admitted up to July 26th, although subject to periodical examinations; that only 8 were re-admitted by the visiting surgeon on the first examination, and that all of them had had abundant opportunity to contract fresh disease (three of them being actually suffering from a different disorder from that for which they were previously admitted); and, lastly, that 17 others, afterwards admitted, were passed as healthy at the first examination by the visiting surgeon.

We entirely agree with the surgeons of the Albert Hospital that both from a scientific and from a public point of view any change in the management of the wards is to be deprecated; at the same time, we should be sorry to prevent any diminution of gratuitous work on the part of the profession. The question is, whether for anything like a moderate salary the Admiralty can secure the services of one gentleman who will devote his time to the care of a peculiarly repulsive class of cases. If they can, by all means let the surgeons of the Royal Albert Hospital be relieved of a heavy burden which they have borne without fee or reward since 1863; but in the name of public liberty we protest against any officer in charge of these Government wards being directly or indirectly under the control or authority of the visiting surgeon, by whom the women are examined and committed to hospital. A fortnight since, in commenting upon Mr. Romaine's evidence before the Contagious Diseases Committee, we showed how injurious such an *imperium in imperio* must necessarily be, and we cannot but fear that any such attempt will be shortly followed by most disastrous results.

VACCINATION.

As we have repeatedly indicated, we see no security against an anti-vaccination mania in the dull season for the press which is setting in. When papers of the class of the *Pall Mall Gazette* will give insertion to such a tissue of fanatical nonsense and untruths as is contained in the subjoined letter, accompanied with an editorial note magnifying the prevalence of the prejudices against vaccination, and unaccompanied with an allusion to the practical beneficence of the operation, it is perhaps of little use to argue the case. A journalist is surely not bound to insert everything which comes to his hand. It is very well for the *Pall Mall Gazette* to denounce the vaccination law as conflicting with domestic instincts and affections, but it might have found a more appropriate text for such discourse than was afforded by the case of Ann Sipple, who, on her own confession, had a father to her children, but was without a husband, and who glories in four unvaccinated children *who have had the small-pox*, and are doubtless disfigured for life. There is a steady ignoring of the palpable facts of the case. The principal assertions of the following letter are absolutely false, and might be categorically denied; but no notice is taken by some of our contemporaries when they are in a sensational mood of such a practical statement (and we have made it lately almost weekly) as *that the nurses of the Small-pox Hospital by revaccination have had an exemption from small-pox for thirty years*. In the light of one fact of this kind, what becomes of the opening statement of "Anti-Vaccine," *that vaccination does not prevent small-pox?* But we are not going to spend space over the refutation of "Anti-Vaccine." We publish his letter as a specimen of the nonsense that even a respected contemporary is in the humour of publishing on the subject.

We praise Mr. Paget for administering the law with firmness, and for speaking out his own pertinent personal experience of the protective power of vaccination. There is not the least occasion for vaccination to be accompanied by any material risk. By all means let every precaution be taken that only pure lymph is used. Such precautions are taken with an increasing care. But if there is one bit of despotism in sanitary legislation to be justified, it is insisting that people shall have vaccination, and that they shall not have small-pox, inasmuch as the former, in 999 cases out of 1000, is harmless to the patient and to others, and saves more or less perfectly from the latter, which is destructive, disfiguring, altogether hideous and horrible, and full of risk to other people. But we will not keep our readers longer from the effusion of "Anti-Vaccine."

"SIR,—Having placed the vaccinators' statement before

your readers, will you hold the scales of even-handed justice, and insert the statement of the opposition, which is as follows—viz., That vaccination does not prevent small-pox; that it does not modify small-pox; that persons die through being vaccinated; that diseases are communicated by vaccination other than cow- or small-pox; that figures are not evidence, as they can be made to appear to prove anything; that the virulence of small-pox has decreased by reason of improved sanitary arrangements, and the more rational treatment of the affected, and not by the use of vaccine matter; that the infectious nature of small-pox is easily neutralised; that the disease is easily cured when the proper means are used; that the practice of vaccination, or the conveying diseased matter into the body, is unnatural, unphilosophical, and a blot upon our pretended knowledge, science, and civilisation.—I am, &c.,

"ANTI-VACCINE."

THE CHAIR OF DERMATOLOGY AT THE COLLEGE OF SURGEONS.

As was to be anticipated, the election last week to the Chair of Dermatology, founded by Mr. Erasmus Wilson, was filled by the appointment of that gentleman as its first incumbent. Perhaps the Council of the College of Surgeons could hardly have acted otherwise when Mr. Wilson had once withdrawn the offensive condition of his own appointment, with which the offer of the endowment was at first encumbered; and that body is to be complimented on having postponed the appointment until all the excitement of the College election had subsided. Mr. Wilson will now have the much-desired opportunity of addressing the fellows and members of the College *ex cathedrâ*, and, we trust, will have the good taste to devote his lectures to professional, and not to personal, details. It will be quite possible to handle the subject of cutaneous medicine and surgery so as to add largely to the knowledge of the audience and of the profession at large; or, on the other hand, it will be feasible to devote the whole of the lectures to squabbles with various authors on disputed points of dermal pathology. We need hardly urge which method will be most satisfactory to the profession.

We understand that Mr. Wilson is about to place in the College museum a large number of casts, beautifully representing numerous phases of cutaneous disease, which will serve to illustrate his lectures. These cannot fail to add to the value of the museum, and will, no doubt, be frequently referred to both by the student and the practitioner.

THE LONDON DOCTOR'S HOLIDAY.

FOR those of our colleagues who live the laborious life of consulting practitioners in London, the time of year is come when they ought to take their pleasure. This is by no means a mere matter of luxury, and we cannot too often repeat the serious advice which we have given in previous years. Those younger men, especially, who are full of energy, and intensely interested in the progress of medical science, constantly make one mistake against which it is necessary strongly to protest. They work hard all the year round, and fancy that if they take several short snatches of a day or two's rest at a time, they have done as much for their health as if they had taken one prolonged vacation. It is a great mistake. If the brain is to continue fertile and productive without overweighting and overtasking the bodily energies in general, it must have its fallow times of prolonged and perfect rest from the ideas and the work which form its every-day occupation. We know very well that it is the custom with many young physicians to avoid long absences from town for fear of losing some chance patients who might come to them in the absence of the magnates of consultation practice. But this idea is a delusion and a snare, and the trifles which might be thus picked up are far too heavily paid for. We deliberately advise all members of the class we are addressing, whether young or old, to adhere rigidly to the plan of taking a full month's holiday, either in August or September. And for those who have the least turn for adventure we strongly recommend the Tyrol or Switzerland. There is no vacation-tonic equal in bracing effect to the magnificent mountain air, the fresh free life, and the entire change of scene afforded by Switzerland. And, observe, it is as cheap as travelling *anywhere* in England, twice as cheap as travelling anywhere in Scotland or Ireland, and half as cheap again as travelling in the average of English districts.

ESTABLISHMENT OF DISPENSARIES IN THE METROPOLIS.

FULL powers having now been conferred on Mr. Goschen by the amended Metropolitan Poor Act, we trust he will lose no further time in establishing these valuable and necessary institutions. Let us observe, however, that their inauguration will, of necessity, form a new era in Poor-law management. Hitherto the usual course taken by the Poor-law Board has been to lay before the guardians an exposition, by circular letter, of any improvements or alterations made in the law affecting their particular interests, leaving the initiation as regards action to be taken, or left alone, according to the discretion of the various boards. In the former case the guardians have been permitted to carry out the measure according to their own views and lights, submitting their various plans, however, to the Central Board, which has only interfered in cases where any part of the proposals were contrary to law. In this way it has frequently happened that the law has been ignored in one union and acted up to in another, and that the method of carrying out the provisions adopted has been extremely different. This is conspicuous in the medical arrangements. The history of dispensaries in the metropolis illustrates the case. Upon the passing of Mr. Hardy's Act the usual circular was addressed to the boards of guardians. A few adopted the proposal as completely as they knew how, others more partially, and the majority not at all. If the various boards are again left to themselves, they will probably act in a somewhat similar way. They will find it to be their interest to adopt the system; but unless some distinct regulations are issued by the Poor-law Board we shall probably see the utmost variety in the principles of action with respect to the mode of granting orders, the purchase of drugs, the payments for extras, the determination of salaries, and the relation of the medical officer to the other officers and the board of guardians. All the main expenses will be repaid the guardians from the Common Poor Fund, and as the Poor-law Board is the custodian of that fund, it is only right that Mr. Goschen should have the first voice in the arrangements to be made. We hope, therefore, that he will lose no time in ordering his medical inspectors to draw up a series of regulations for the conduct of these establishments, with the object of introducing something like uniformity throughout the whole metropolis. This may be done without even the appearance of dictation towards the guardians, whose sensitiveness on this point has been so frequently obstructive to reforms. He may call a deputation from the various boards to listen to an explanation of his plans, and it would be courteous on his part were he to submit them also to a representative committee from the medical officers. Possibly both guardians and medical officers would be able to suggest improvements; at all events there would be ample time for discussion before the final adoption of the scheme. It would have been a great improvement if the duty of drawing up these rules had been confided to a

central representative board—indeed, the District Asylums Board would have answered very well. But if Mr. Goschen will consent to take the initiative in the way we have suggested, the arrangements can scarcely fail to be satisfactory to all parties. Several boards of guardians, who formerly refused to take action under Mr. Hardy's Act, are now ready to adopt the plan; and we need scarcely assure the President of the Poor-law Board that he shall have our heartiest support in the introduction of a system which is so thoroughly calculated to raise the character and social position of the medical profession, and also to ameliorate in no ordinary degree the condition of the sick poor.

ECZEMA EPIZOOTICA.

A GRAVE outbreak of eczema epizootica—of the so-called foot-and-mouth disease—among horned cattle in Brixton, Clapham, Camberwell, and other parts of Surrey, will, unfortunately, all too soon, test the working merits of the Contagious Diseases (Animals) Act, passed shortly before the prorogation of Parliament. The epizootic, it is reported, has broken out with peculiar severity among the dairies of South London, and is extending with great rapidity. The disease is more disastrous to the condition of the animals affected than to their life. The milk is early lost, the flesh wastes very quickly, and it is often long before the health of the affected animal can be reinstated. Eczema epizootica is highly contagious, spreading by means of the discharges given off by the eruption about the mouth and hoofs. It is by measures based upon this view of its mode of diffusion that the disease alone admits of effective control. A question of much interest to the profession, in connexion with the prevalence of the epizootic, is the probability that the milk from cows affected with the disease may communicate an eczematous, or aphthous, malady to man, particularly to children. We would direct the attention of practitioners in the districts infected by the epizootic to this subject. It is important to ascertain to what extent aphthous maladies may be prevalent among the young of the infected localities, and what probability there may be that, if prevalent, this prevalence is caused by the consumption of the milk of cows affected with the foot-and-mouth disease. More numerous and precise observations are wanted to elucidate this question.

NOCTURNAL NOISES.

THE dull season for editors is not without advantage to the public. Among the real and imaginary grievances which find expression in the papers at this time, there is none better entitled to consideration than that which has been lately dwelt upon by a London physician in the columns of *The Times*.* There is no city in the world where the noises are such as are to be heard within the metropolitan district. The requirements of the present age exact a disproportionate amount of mental toil from those who labour in cities; and the necessity for undisturbed sleep at night, in order to repair the waste of nervous tissue which takes place during the day, was never greater than it is now. Unfortunately, those who labour with their heads all day are much more sensitive to nocturnal disturbances than those who toil with their hands; and the singing, shouting, wrangling revellers, like Hamlet's ghost, "make night hideous" by their noises. Bad as this kind of thing is in the metropolis itself, it is still worse in some of the suburbs. During the summer months numerous vans, laden with pleasure-seekers, and generally accompanied by the horrible music of extempore brass bands, are driven into the country. Midnight is the time of the return of these people; and they drive along, shouting out at the top of their voices all the modern popular songs possessing a chorus, to the airs played by the aforesaid brass bands. In addition to these, there are groups of drunken, excited, or quarrelsome men and women, who seem only to have one desire in common, and that is to make the most abominable noises. It is only the fatigue engendered by muscular exertion, or the happy unconsciousness of healthy childhood, that can succeed in ignoring these disturbances. When children are ill, however, and a "good sleep" is the anxious hope of those who have the care of them, noises of this sort are terrible troubles,—as we know to our cost, having recently seen a sick child pass three restless nights from this cause. It was at the time of the few hot nights, and the nuisance of which we are speaking became so great that the arrival of night was as much dreaded as the occurrence of a heavy rain was desired. We hope, therefore, that the police authorities will do their utmost to check this nuisance by compelling persons in the metropolitan district to cease playing brass instruments and shouting choruses in the thoroughfares at night. If a few of the nocturnal "jolly dogs" found themselves in a police station on the morning they might in time acquire different ideas as to what constituted jollity, to the great comfort of all decent people.

* It may be remembered that in 1864 Dr. C. J. B. Aldis called attention to the same subject in a pamphlet published by Churchill and Sons.

A COURT APPOINTMENT.

THE *Gazette* of Tuesday last contains the appointment of Dr. Wilson Fox as a Physician Extraordinary to her Majesty the Queen. Dr. Fox's position in London, though a good one, might possibly be thought by some hardly such as to justify his receiving a Court appointment at an unusually early age; but we believe that the advanced age of some of the senior physicians attached to the Court, and the numerous and pressing engagements of Sir Wm. Jenner, the Physician in Ordinary, have rendered it advisable that the services of a younger physician should be secured; and we congratulate the Court on the choice having fallen upon a gentleman who will, we believe, satisfactorily fulfil the duties of his office. Dr. Fox is a graduate of the University of London, and is Physician and Professor of Clinical Medicine at University College Hospital.

NAUTICAL NOSTRUMS.

NOT many days ago, a sailor, twenty years of age, applied for admission on board the *Dreadnought* Hospital ship, with very large and excessively foul ulcers of the leg. When these ulcers first appeared, the man naturally applied to the captain of the ship, who having consulted "a book," ordered the wretched man poultices and "bluestone," as it appears, *ad libitum*. What the bluestone was *intended* to effect, it is hard to say; what it has effected is sufficiently apparent. An able seaman, young and otherwise healthy, returns from an Australian voyage with an ulcer that will incapacitate him for work for some weeks, if not months, and for the intensity of which, in all probability, "bluestone" is mainly responsible. But it is our duty to ask, Who is responsible for the "bluestone"? Surely not the captain, who consulted the "book." Then, who is responsible for the book? To this latter query we need not pause for a reply, because it is, or should be, well known that the Marine Department of the Board of Trade has authorised, under the Merchant Shipping Act of 1867, a "Ship Captain's Medical Guide," with which every foreign-going vessel is or should be supplied, subject, in default, to a penalty of twenty pounds. We have, moreover, referred to the article on "Ulcers," in this authorised guide, and find that the local treatment enjoined consists (according to the

condition of the ulcer) of lint and warm water, linseed poultices, carbolic acid lotion, and Goulard lotion. Where, then, did this captain get his "hints on bluestone"? Did he read the "Guide" at all, or had he it on board? We are compelled to the conclusion that the authorised book was not in his medicine-chest, and that a young and healthy man is placed *hors de combat* for weeks or months in consequence. It is utterly useless to legislate in matters maritime unless means are taken to see that legislative enactments are fully and faithfully carried out. If the Board of Trade authorise a "Medical Guide" for use in the mercantile marine, it is their duty to discover whether or not that Guide is carried in ships' medicine chests, and if not, to enforce the penalty. We commend these remarks to the consideration of Mr. Bright, who can hardly fail to see the necessity of enforcing the provisions of an Act on some clauses of which depend life and health, as well as the safety of our ships at sea.

ARMY VACCINATION.

IT having been found that injurious effects sometimes resulted from soldiers being sent to their military duties soon after undergoing vaccination, a general order has been published, at the instigation of the medical authorities, directing commanding officers to assign lighter duties to men who have undergone the operation. Medical officers are to furnish a daily list of the men recommended for this exemption. The local inflammation excited by the vaccine virus is not always insignificant in adults, and the irritation induced by military drills and musketry practice during the course of the affection is well calculated to increase it. Some commanding officers object to their men being exempted from drills under the circumstances.

REMARKABLE CASE OF HAIRY NÆVUS.

THE occurrence of moles covered with fine downy hair is by no means uncommon; but the most extraordinary example of this deformity we have ever seen was brought to our office a few days since by two Spanish gentlemen. The subject is a dark-complexioned, rather short Mexican-Indian woman, of about twenty-two years of age, and who, from the singular nature of her deformity, and the history that attaches to her mother, has received the name of Maria the Ourang-outang. It is stated that the mother of this woman belonged to the Indian tribe called the Quiché, inhabiting the province of Soconusco, on the Pacific coast of Mexico. At the age of twenty-five, she became servant to a Spanish family, and ten years afterwards disappeared in the mountains, where she remained for several years. A Spanish merchant, so goes the tale, travelling in that part of the country, met the Indian with a child, the subject of this notice, then five years of age, and, marking her peculiarity, purchased her. Both the mother and child were in a state of nudity, and the mother informed the gentleman that it was the offspring of an ourang-outang. The Spaniard took the child home, and reared it to the age of fifteen, when she made her escape, and sought to gain her living by exhibiting herself. She was recaptured, and brought over to this country by the Spaniard who first endeavoured to reclaim her. The girl, when stripped, is well proportioned, and presents precisely the appearance of having on a pair of bathing trousers, or *caleçons*, made of the skin of some animal. The hairy surface extends to about the level of the umbilicus in front, and the sixth dorsal vertebra behind, covers the buttocks, is replaced in front by the ordinary hair of the pubes, and extends about half way down both thighs. The surface of the skin of the body generally is smooth and soft, but that of the hairy surface is blackish, coarse, and furfuraceous, reminding the observer somewhat of the skin of the back of a pig; the hair is short, black, and slightly curled. The margins of the hairy surface are sharply defined. Its sensibility is stated to be as acute as that of other parts of the body. The patient, who seemed to feel her condition acutely, has an agreeable expression of face, with full dark eye, and the ordinary Mexican type of countenance. The supposition that she owes her parentage on one side to an ourang-outang, we utterly deride; and although she has been brought over to this country for the purposes of exhibition, we trust that so demoralising a procedure will be prevented; yet it might be expedient to obtain a model of her for the Pathological Museum of the College of Surgeons.

LEE VERSUS MAWSON.

IN this case, lately tried on the Northern Circuit, we have a curious example of the facility with which trumpery actions may be brought against men of substance. The defendant was a dentist; but there are many medical practitioners who extract teeth, and any one of them might find himself in a similar position.

"The plaintiff, a child five years of age, was suffering from toothache, and was taken by her father to the defendant, who drew out a tooth. The defendant then said there was another tooth, and he took that out with a jerk, and the plaintiff's father heard a noise like a crack. The defendant threw what he had extracted into the fire. The child afterwards suffered great pain, and Mr. Hayworth, a surgeon, who attended the child's mother, examined its jaw, and, as he said, found that the jaw was fractured. Subsequently the bone became necrosed, and came away. The child's jaw was now well. The defendant charged 1*s.* for the operation. Mr. Hayworth and Dr. Dobie, who were called on the part of the plaintiff, seemed to say that the child was of a scrofulous habit, and that under the circumstances a skilful man might have fractured the jaw in extracting the tooth of such a child.

"At the close of the plaintiff's case, the learned Judge said, 'I can't see that there is any evidence at all of want of skill or care upon the part of the defendant.' He recommended that there should be a verdict for the defendant, *and that the defendant should not press for costs, as the plaintiff's father was a poor man.*

"This course was accordingly followed.

"Mr. Seymour said that one of the surgeons to the Leeds Infirmary was present on the part of the defendant, and would say that the child's jaw had not been fractured at all, but that the bone was destroyed by disease.

"Verdict for defendant."

It seems, therefore, from the suggestion of the learned Judge, that he sees no impropriety in a "poor man" commencing an action against a practitioner, and putting him to an expense of probably £50, without there being any evidence on which such an action could properly be based. We should much like to see an enactment which should render it necessary for any plaintiff, who could not give security for defendant's costs, to obtain the sanction of some public officer, based upon the *primâ facie* evidence adduced, before he was allowed to bring an action at all. The members of our profession suffer much from speculative actions, and might usefully urge upon members of Parliament the need for some change in the present state of the law.

INFLUENCE OF METEORS ON HEALTH.

HERE is a subject for medical philosophers and those fond of abstruse questions. In an article on "The August Meteors" in our contemporary, the *Spectator*, the possible influence of meteoric matter on the animal life of the earth is touched upon. Professor Herschel has succeeded in examining and analysing, by means of the spectroscope, the light of seventeen of these bodies; and he has detected the

well-known yellow bands produced by sodium in combustion. It is strange to consider what becomes of all the sodium thus dispersed throughout the upper regions of air, as there can be no doubt that, in some form or other—mixed or in combination,—it reaches the earth. The very air we breathe must at all times contain, according to our contemporary, in however minute a proportion, the cosmical dust thus brought to us from out the interplanetary spaces. As the different meteoric systems are differently constituted, the air we breathe is continually being impregnated with various forms of metallic dust. It is not certain that deleterious results do not occasionally flow from an overdose of some of the elements contained in meteors. As far as facts and dates are concerned, it might be plausibly maintained that a meteoric system has brought plague and pestilence with it. The "sweating sickness" has been associated (though not very satisfactorily, it must be allowed) with the thirty-third year return of great displays of November stars. A notion has even been entertained that the destruction of Sodom and Gomorrah was brought about by an unusually heavy downfall of sodium-laden meteors. Speculations and hypotheses of this kind, no doubt, make up some interesting reading; but they are, it appears to us, quite barren of all utility. We need not go to interplanetary spaces as the source of sodium compounds in the atmosphere. The spray of every wave that dashes itself against a rock or becomes beaten into surf, causes the dissipation of a certain amount of salt into the atmosphere; and Prof. Roscoe goes so far as to conjecture that the soda, which all accustomed to work at all with the spectroscope know to be present everywhere, may, by its antiseptic properties, exert a considerable influence in maintaining the public health. The invigorating and beneficial effects of sea breezes may be due to the large amount of soda, in a minute state of subdivision, which they contain. When invalids go to the seaside—which, indeed, all the world seems bent on doing just now,—they little think that they are possibly being cured in more senses than one.

SUSPENSION OF DR. SLATER, DISTRICT MEDICAL OFFICER OF ISLINGTON.

A CHARGE of neglect has been preferred against Dr. Slater, district medical officer of Islington, by a person, said to be a pauper, of the name of Keith. The charge was that, when called to a child (since dead), he refused to attend, although he was at home and capable of attending. The father of the child did not appear when summoned; and the case does not seem to have been investigated by the guardians, as it should have been, before so grave a course as suspension was adopted. *Primâ facie*, no serious blame appears to rest upon Dr. Slater. Whilst at dinner, a woman sent up a message that she wished him to call and see her child, who had already been a pauper patient for some weeks. He sent down an answer asking her to wait. She only remained three minutes, and when the doctor reached the surgery she was gone. Of course, not knowing either the name or address, he was unable to pay the visit, and the child, already in a hopeless state, was seen by another medical practitioner.

In justice to Dr. Slater, we hope the Poor-law Board will lose no time in instituting an inquiry. It is painful as well as injurious for a medical man to be under such an imputation of cruelty as that he refused to visit a dying child. We must take the opportunity of demurring to the observations of the chairman of the board of guardians, the more so as he is a medical man. We yield to no one in the desire that parochial medical relief shall not be a make-shift, but a well-administered and efficient system. But we cannot regard regular hours of attendance to be an evil, or believe that the guardians are right in putting an end to it by fixed resolutions. Every medical man of considerable practice must have certain hours for receiving his patients, whether at home or at the dispensaries and hospitals; and it is only reasonable to expect that those hours shall be observed in all ordinary cases. The private patient avails himself of those hours, and waits for them; and the pauper may most properly be required to do the same. The arrangement is quite as advantageous to the patients as to the medical officer. If Dr. Slater attended at his surgery in the morning, the parents ought then to have given him notice that the child required visitation that day. It had been ill for weeks. But instead of steadily attending to his directions, the child was taken to the Children's Hospital and elsewhere, and then, when it is dying, an impatient mother expects him to leave his dinner table to receive her message, and, because he does not instantly attend to her, goes away without leaving a specific address. It is due to the professional position of their medical officer that the guardians should support him against such treatment; and it pains us extremely to think that the chairman should have openly expressed his confidence in the statements of the pauper in direct opposition to the word of Dr. Slater, notwithstanding the offer of the latter to produce the evidence of his wife and servant in corroboration. No doubt the matter will be more fully investigated by the Poor-law Board.

THE APPOINTMENT OF MR. LISTER.

WE are happy to be able to announce that the Chair of Clinical Surgery of the Edinburgh University, vacated by Mr. Syme, is to be filled by Mr. Lister. We have throughout strongly supported the candidature of Mr. Lister. He is at present working at a subject of the highest importance to the reputation of surgery and of our large hospitals. Even if the hopes which have been raised in connexion with his antiseptic labours have to be qualified, he is well calculated to raise the scientific character of surgery, and to perpetuate the sure fame of the Chair which he has been so fortunately appointed to fill by the Home Secretary, with the approval of Her Majesty. Mr. Lister's removal creates a vacancy in the Chair of Systematic Surgery of the University of Glasgow, which, we cannot doubt, will be filled by a Glasgow candidate. There are two highly fit ones in the field, Dr. George Buchanan and Dr. George H. B. Macleod. It is hard to decide between the claims of these gentlemen; their merits would seem to be so equal. One thing is certain, that there is no excuse, in the present instance, for importing a stranger into the University. Glasgow men complain that Glasgow appointments have often been determined by Edinburgh politics. We cannot believe that such extraneous considerations will be introduced into this matter. The Government seems to us to be entitled to the credit of having filled the Edinburgh Chair on a principle of merit. It has only to act on the same principle in regard to the vacant Professorship of Glasgow.

ENTHETIC DISEASES AT THE CAPE.

IT would be highly desirable, we think, to provide some legislative enactment, like our Contagious Diseases Act for instance, for the Cape of Good Hope, at which station enthetic diseases furnished the enormous proportion of 438 admissions to hospital per 1000 of the troops stationed there in 1867. It is estimated that the total loss of service by these diseases during that year amounted to that of the whole force for 8·76 days, and the average duration of the cases in hospital to have been 19·87 days. It appears that Cape Town furnished the largest number of cases.

THE EMPEROR OF THE FRENCH.

OUR Paris correspondent states that the Emperor has been much fatigued of late by the pressure of the important political changes recently introduced into the form of government, &c. Besides, he is suffering from rheumatism, which prevented him from presiding over the *fêtes* of the Camp de Chalons on Sunday last. This must be taken as a serious proof of the Emperor's indisposition, it being very important that he should sustain the enthusiasm of his army by his presence and personal distribution of honours, &c. It does not appear, however, that his illness is anything beyond a mere temporary indisposition. Marshal Neil's death has also much affected him.

THE NAVAL MEDICAL SERVICE.

WE are glad to hear that the recent competitive examination for entry into the naval medical service has proved a complete success, the five gentlemen selected from amongst those presenting themselves being quite up to the average of the candidates for the Indian medical service, with whom they were examined. It is especially gratifying that the first occasion of competition, and at a very short notice too, should have been so satisfactorily passed, since this will encourage the Admiralty authorities to persevere in raising the status of the naval medical officer. Dr. Armstrong, the Director-General, deserves the thanks of both the profession and the service for his inauguration of this new and improved system.

NATURAL SCIENCE AT CAMBRIDGE.

THE two leading Colleges at Cambridge—Trinity and St. John's—have combined for the purpose of teaching Natural Science more effectively, and have appointed lecturers. The several branches of Natural Science will in future form part of the annual College examination at St. John's; and the scholarships of the College are awarded according to the results of this examination. There are, therefore, two important points gained: first, that henceforth Natural Science will form part of the regular College teaching; and, secondly, that it will form part of the regular College examinations. There is a good chemical laboratory at St. John's College, which, as well as the above-mentioned lectures on Natural Science, will be open to undergraduates of these Colleges, and also to non-collegiate students.

HEALTH CONDITION OF THE CONTINENT.

THE present "medical constitution" of the Continent differs slightly from that which we described in our last impression. The sudden fall of temperature has given rise to an increase of bronchitis, pneumonia, and other affections of the respiratory organs. The last return published by the municipal body of Paris for the week August 1st to 7th, mentions 33 deaths from bronchitis, and 38 from pneumonia, out of a total number of 795 deaths. Through the sudden change of weather, cases of rheumatism have also become more frequent in Paris, Lyons, Madrid, and some other European cities. The most prevalent affections, however, still consist of disorders of the alimentary canal. The number of deaths from diarrhœa, cholerine, and cholera has increased in Paris during the last week. The municipal statement to which we have already alluded ascribes 49 deaths to diarrhœa and 13 to cholera. This last number is almost triple that which had been observed during the preceding week. Diarrhœa, also, prevails at Lyons, Marseilles, Vienna, Madrid, and Berlin. The rate of mortality due to intestinal disorders has not, however, been so heavy in the two last-named cities as the excessive heat which has recently prevailed there might have led one to expect. In Vienna the number of deaths caused by diarrhœa, during the week July 25th to 31st, is put down at 62, out of a total number of 372 deaths. Numerous cases of ophthalmia and hepatic diseases have been observed in Madrid during the last fortnight. At Marseilles, the epidemic of typhoid fever has not abated. The number of deaths due to phthisis has much diminished at Berlin during the last week; whilst it has remained stationary, and even slightly increased, at Vienna. In this latter city several fatal cases of tubercular meningitis have been registered during the same period.

SEWAGE IRRIGATION.

THAT it is better to irrigate land than the individuals of a community with sewage, is a proposition steadily gaining favour with the public. The correspondence upon the subject which has recently cropped out abundantly in the daily press, affords gratifying proof that people are becoming more generally alive to the economic and health aspects of the question. Let the fact become firmly engrained in the mind of the majority that sewage irrigation of human beings (which has been the practice of this country hitherto, by pouring our sewage into rivers, and using the water of the said rivers for domestic purposes) is less profitable than sewage irrigation of land, and there will be no fear of the ultimate result.

SLIPPERY STREETS.

THERE are certain points in our great thoroughfares which are well known to coachmen to be full of danger to their horses, and this danger a very little trouble and expenditure would obviate. On Ludgate-hill, alongside the Green Park in Piccadilly, in Oxford-street near Marylebone-lane, and again near Tottenham-court-road, amongst other places, there are slippery spots upon the stones, where one is almost certain, at any time of day, to find a crowd, a horse lying on its side, plenty of dogmatic advice from irresponsible bystanders, and no policeman. If a little sand were strewn over these places once or twice a day, idle loungers would doubtless lose a pleasant source of excitement, but many a good horse would be spared a cruel injury.

NUNNELEY V. WINDOVER.

THE distinguished Leeds surgeon, Mr. Nunneley, has just figured in a somewhat novel action. He proceeded against Mr. Windover, the coach-maker, for breach of warranty upon the sale of a carriage. Seeing an advertisement in THE LANCET of defendant's carriages of hickory and steel, he bought one of the carriages. In December last Mr. Nunneley's horses ran away, and to stop them he drove against a large asphalte cauldron. It was found that the head of the swivel on the end of the pole had come off, and the end dangled between the horses, frightening them, and so causing them to bolt. The report of the case further states that it was shown that the carriage was such as is known as a hickory-and-steel carriage, though it was not pretended that it was made entirely of hickory and steel. The jury said they were satisfied of this, and gave a verdict for the defendant. Our interest in the matter is the happy escape of Mr. Nunneley from an ugly accident, and this is the point upon which we congratulate him.

THE LATE MARSHAL NEIL.

THE obsequies of the late Marshal Neil took place on Tuesday last, with considerable pomp, at the Hôtel des Invalides. Upwards of 30,000 soldiers were under arms.

The Marshal had been suffering from a disease of the bladder. He was finally carried off by a condition of considerable weakness, the stomach being unable to retain food. Nélaton was in attendance. A report had circulated to the effect that the eminent surgeon had broken a catheter in the patient's bladder, but this was altogether false. The Emperor had expressed a desire that the Marshal should be interred at the Invalides, beside Napoleon I., Bertrand, and others; but the widow, in accordance with her husband's will, has removed the body to the family vault in the South of France.

IMPRISONING A LUNATIC.

ANOTHER case of imprisoning a lunatic by the friends of the unfortunate patient is reported. A person of the name of Robt. D. Smith, a builder by trade, has been recently charged before the police authorities at Bradford, in Yorkshire, with unlawfully confining an insane woman named Mary Wood. Smith had known the lunatic many years, and although not related to her, he had taken entire charge of her, and assumed the control of such property as she possessed. She was placed in a contracted garret of the defendant's house, and had there remained under lock and key—unseen, it is averred, by any relatives—for a long time. Some of the neighbours, having noticed her at the window of the garret naked, gave information to the police. The defendant was committed for trial, and the patient removed to the union workhouse.

THE CHADWICK MEMORIAL AT BOLTON.

THE Committee appointed to select a design for a statue to be erected in Bolton to Dr. Chadwick, of Southport, as a public recognition of his munificent gift of £15,000 to erect and endow model dwelling-houses and an orphanage in Bolton, met on Wednesday, the 11th instant. Designs by Messrs. Calder Marshall, R.A., Durham, Geflowski, Birch, and Papworth have been received; but as it transpired that Mr. Phillips, the designer of the Oastler memorial, had been requested to compete, and had not received any intimation to this effect till six or eight weeks after the other gentlemen, an adjournment took place for a fortnight. The statue is to be of bronze, eight or nine feet high, placed on a pedestal of granite or other stone.

CONTINENTAL APPOINTMENTS.

THE recent *concours* for the nomination of two physicians to the Paris hospitals has just terminated, the successful candidates being MM. Brouardel and Lancereaux. This latter gentleman is well known here through the translation of his important work on Syphilis. Some difficulties had arisen touching this *concours*. The first place had been gained by M. Brouardel; but, in respect to the second, three of the candidates, MM. Ball, Lancereaux, and Baudot, had come in at a dead heat with an identical number of marks. As this eventuality had not been foreseen and provided for by the existing bye-laws, a division took place among the members of the jury. Some were for terminating the *concours* by a decisive vote; others for enforcing a supplementary test between the three candidates. This latter opinion having prevailed, one of the judges sent in his resignation; and M. Baudot also protested by retiring from the field and writing a letter to the prefect of the Seine. The supplementary test was then undergone by MM. Ball and Lancereaux, when the latter was elected.

As usual, the 15th of August (the Emperor's fête-day) has been the occasion of a gladdening shower of decorations upon the medical body of France. Several well-deserving medical workers have been promoted to the Legion of Honour. Among them we may mention the following: Professor Wurtz, Dean of the Faculty, who has been made a Commander; M. Jolly, of the Academy of Medicine, who has become an Officer; and Professor Dolbeau, MM. Potain (of Necker), M.-Raynaud (vice-professor), Dénucé (of Bordeaux), Schutzenberger (of Strasburg), and Angloda (of Montpellier), who have been made Knights. Among the list of the favoured there also appears the name of an editor of a French medical journal—M. Martin Lauzer.

Professor Gluge, of Brussels, has been elected Rector of the University of that city, at a general meeting of the several Faculties.

THE WATER-SUPPLY OF GUILDFORD.

IN August, 1867, Guildford suffered from a serious outbreak of fever, which unquestionably arose from the leakage of a sewer into the water-supply of the portion of the town mainly affected. In August, 1869, we learn that measures are at last to be taken to rectify a condition of things which could permit of grave accidents happening, such as we have noted. The local Board of Health determined, on the 12th inst., to take such measures as would, the members believe, effectually relieve the town from reproach as to its water-supply.

THE School of Medicine of Paris has received a large bequest from one of the French Councillors of State, who left the sum by will for the purpose of creating a Chair of the History and Philosophy of Medicine, expressing the desire that M. Cusco, of Lariboisière, should be the first occupier of the chair. The Faculty of Medicine is somewhat embarrassed with regard to the proper manner of realising this scheme. A Chair of the History and Philosophy of Medicine does not seem quite so desirable, for the time being, as one of Ophthalmology; and, besides, M. Cusco himself, who has studied the diseases of the eye with peculiar attention, considers that he is far more fit to occupy a chair of this character. The School of Medicine is now *en pourparlers* with the family of the deceased, in the hope that they will consent to the proposed change. It may therefore be expected that the Faculty of Paris will soon be provided with a chair which it so much requires.

THE unfortunate man who attempted to commit suicide in St. Paul's Cathedral on the 12th inst., by thrusting his neck on to a spiked railing, is progressing more favourably than might have been expected. At first it was feared that the supervention of inflammation and œdema of the larynx would have necessitated the operation of tracheotomy; it is now, however, hoped that he will steadily advance to a complete recovery. He is under the care of Mr. Coote.

ACCORDING to returns furnished by the engineer of the Metropolitan Board of Works, the daily average quantity of sewage pumped into the river Thames, at Crossness, was 206,694 cubic metres, and at Barking 194,090 cubic metres, equivalent to about as many tons by weight.

THE annual meeting of the Paris School of Medicine took place on Saturday last. The large amphitheatre of the Faculty was crowded, and the students showed a most respectful and attentive attitude. Professor Lassegue's panegyric of Trousseau was the *bonne bouche* of the day, and has been a great success. The life and doings of Trousseau, his brilliant and active career, and his admirable abilities as a teacher, a physician, a writer, and an orator, were described in most graphic and touching terms by his favourite pupil and dearest friend. M. Lassegue has shown great literary abilities in his eulogium, which will remain as a

model of this variety of medical literature. Space forbids us to enter into further details touching this description of the life of the great French clinician; but our readers will be gratified in finding them in the forthcoming letters of our Paris correspondent.

GREAT anxiety had been entertained in the medical circles of Paris touching the health of M. Blache, the former President of the Academy of Medicine, and the well-known and popular "children's physician" in Paris. We are glad to be able to state that his health has much improved, and that his numerous friends fully expect his speedy recovery.

IN his yearly retrospect of the sanitary state of Marylebone for 1868, Dr. Whitmore is enabled to point with considerable satisfaction to the fact that the death-rate only amounted to 23·46, or a reduction of 1·1 on the average of the last eight years, and a saving of 284 lives compared with the state of things last year.

THE evidence taken by the Royal Commission on Water-supply has been published. The Commission sat on thirty-six days, from the 6th of February, 1867, to the 10th of December, 1868, and examined about sixty witnesses, whose evidence fills nearly five hundred pages.

LAST week an anonymous donor, "R. T. W.," gave the munificent sum of £1000 to the Hospital for Women.

THE CLERKENWELL WORKHOUSE.

AT a late meeting of the Holborn Board of Guardians, Dr. Stallard drew attention to the general condition of the Clerkenwell Workhouse and its inmates. He observed that this workhouse had been reported on unfavourably for more than fifteen years. In the year 1854 Mr. Cane reported "that there was not a single ward in a proper state." In 1856 Mr. Hall informed the guardians that it was impossible to enforce discipline, classification, or cleanliness. In 1858 Mr. Farnall said that, in his experience, he had never seen a place so confined and cheerless. In 1856 the overcrowding was so great that the Poor-law Board threatened the officers with punishment and imprisonment. The recognised number of inmates (460) has been continually exceeded, and within the present matron's experience 630 persons have been in the house at one time. In 1858 the master expressed a doubt if there was complete separation of the sexes even by night, and there can be no such separation by day. In 1862 the sick were frequently put to sleep amongst the able-bodied for want of sufficient accommodation, and a man was found dead in the wards. This practice is not entirely exploded. Many of the regulations of the Poor-law Board were not carried out for many years, and some of them are still ignored. In the year 1866 this workhouse was inspected by Dr. E. Smith, who proposed that it be taken down without delay; but, so long as it exists, he recommended that thirteen important improvements should be made, scarcely one of which has been fully carried out. Dr. Stallard stated that he could scarcely find words strong enough to describe the wretchedness of this disgraceful building, or the sad condition of its unfortunate inmates.

The situation is dreadfully confined. The extent of airing-ground is scarcely equal to a square yard for each inmate. Some of the aged are permitted to go out once a week, and the imbeciles appear to have a walk at long intervals; but the sick and convalescent cannot take the air, and rarely leave the gloomy sick wards. The male receiving ward is below the level of the ground, and is totally unfit for the occupation of any human being. The ceiling is two inches only above the level of the outside pavement. The floor is sunken and the walls damp. There is a water-closet underneath the footway, without any ventilation whatever. Hundreds of rats infest the room, and the emanation from the drains is quite unbearable. If such a cellar were inhabited elsewhere, it would be immediately closed by order of the officer of health. It exists therefore only by the protection of the Poor-law Board, which forbids that officer to enter; and the responsibility of keeping it open from this moment rests with that Board, which has the power to close it should the guardians refuse to do so. Nevertheless, in this dark and stinking prison there are four males and two attendants. One of these males has been confined there upwards of three months, without having been once outside; and he has been seen with his head at the grated window gasping for a breath of air. He is said to be suffering from lepra, but it may be doubted if any disease whatever could be cured under such conditions. One of the patients has venereal disease; another, itch; and the last, with febrile symptoms, has just been admitted from the casual ward. All use the same closet. This use of the receiving ward for the treatment of the sick has been repeatedly condemned by the inspectors of the Poor-law Board. The women's receiving ward is still more unfit for their accommodation. It is approached by an open flight of stone steps from the airing-ground outside. The ceiling is only eighteen inches above the surface of the airing-ground. The room is only eight feet high. The floor is rotten and the walls damp. It is infested with rats and mice, which apparently come from the sewer running underneath. The stench is occasionally unbearable. Twelve women and four boys had slept in this room. Each sleeper had only 350 cubic feet, and there is no possibility of ventilation. A woman named Godfrey, who is probably seventy years of age, and suffers from a form of skin disease accompanied by the development of vermin, has been confined in this dungeon for more than three years. Seeing that light, air, and good food are the chief means of combating this dreadful disorder, there is positively no prospect of relief in this case. Dr. Stallard saw two patients with itch lying in one bed, the next being occupied by a woman labouring under venereal disease; and, as there are only twelve beds, patients and inmates are continually placed together.

"It is quite impossible," continued Dr. Stallard, "to do more than glance at the enormities in other parts of the house. The laundry is quite unfit for any one to work in. The inmates try to overcome the drain smells by burning paper. Ward 36 is so infested with flies that I counted more than a dozen on one old woman's face, she being paralytic and unable to brush them off. In Ward 33, the very best in the house, there are only 50 square feet of floor space, and less than 500 cubic feet per bed. Here there is no supply of water, and the helpers have to go down twenty or thirty times a day to fetch it from the basement story. There is a movable bath carefully hung up on brackets; it has not been used for more than a year. For 23 patients there were 3 knives, 2 forks, and 7 spoons, belonging to the guardians, and 10 forks and 3 knives belonging to the patients. The medicine is given by the nurse from an egg-cup, in the absence of a proper medicine glass. There is no lavatory, and no water-closet, no lockers, no under blankets. In No. 5 ward there are twelve double and eight single beds; the floor space is deficient, as also the cubic space, the latter being 336 cubic feet, as against 850 ordered by the Poor-law Board. In this ward is an offensive case of cancer of the face, too dreadful to look upon; the woman is a nuisance to herself and to all around her. In Ward 1 there are thirteen double beds, giving only 200 cubic feet to each sleeper. In No. 8 there are nineteen patients more or less imbecile and epileptic under a paid nurse. They have not been taken out for some time, and one old woman complains bitterly of having been placed there by her friends, apparently not without some reason,

as they are able to take care of her. In Ward No. 9 there are thirty-four people, with only 352 cubic feet each. There are no waterclosets, and no lavatories. In No. 10 there are eleven women and three children, with 210 cubic feet. This ward illustrates the want of classification. There are three patients with fits, one paralytic, one with ulcerated leg, one infirm, and three children with whooping-cough, scald head, &c.

"On the men's side matters are still worse. The staircase is the only ventilating shaft, and the air is here fouled by a stinking open privy without separated seats. It is close on the ward where there are ten imbeciles, of whom three are epileptics. There is no attendant, and no possibility of retaining one, as the accommodation is so bad. Above is the infirmary, which is in charge of a paid nurse, who was a pauper; and in Ward 35 there is a pauper attendant who does not consider it his duty to empty spit-pots on a Sunday.

"The supply of water was most unsatisfactory. There are but two fixed baths on the premises, and these are employed for the cases of itch, filth, disease, and for bathing the imbeciles and aged. The nursing arrangements are utterly indefensible. Women are expected to work hard, to carry up twenty and thirty pails of water from the bottom of the house to the top, to scrub the floors, attend the patients, serve the meals, with nothing but the ordinary scanty diet of the house. The stores are served out, the food cooked, the clothes mended and washed, &c., by inmates, and it may confidently be stated that all sorts of abuses inevitably arise from so employing them."

THE CHOLERA IN WEST AFRICA.

THE latest news gives somewhat more precise accounts as to the spread of cholera in West Africa. The disease first appeared, it is believed, at Podor, a large village on the river Senegal (lat. 16° 35′ N., long. 15° W.) This village, as well as other trading stations on the river, maintains constant communication with Morocco by means of caravans which traverse the desert to the north of the Senegal. Cholera prevailed extensively in Morocco during the summer of 1868, and it is surmised that the malady may have been introduced into Podor by the agency of the caravans. Cholera appears to have prevailed in Podor during the autumn of 1868; and from this village, it is thought, the disease was carried to St. Louis, the capital of the French possessions on the Senegal. Up to this point the history of the outbreak is as yet exceedingly vague. We adopt our reporter's language, and would add the cautionary comment that it simply points to the fact believed upon the spot, that the epidemic showed itself first in a locality about 120 miles, in a direct line, from the mouth of the river Senegal. We may add also that the wide prevalence of cholera in Morocco, in the summer of 1868, is also a fact.

On the 1st December, 1868, the presence of cholera in St. Louis was officially declared. St. Louis is an island at the mouth of the Senegal river. It is occupied by a town which has a native population of about 12,000, and European residents to the number of from 300 to 400. The epidemic was officially declared to exist in the town on the 1st December, and it terminated on the 15th of the same month. Within this brief period, it is believed that not less than 1800 persons perished.

After the disease had appeared at St. Louis, it broke out at Richardtoll and Wagana, two trading stations on the Senegal, intermediate between the mouth of the river and Podor.

On the 9th April, 1869, the epidemic broke out at M'Carthy's Island, on the river Gambia, and about 180 miles from the mouth of the stream. This island has "constant" communication with Richardtoll and Wagana, by means of traders and labourers (the latter particularly during the ground-nut season). These pass between the different stations across the Jalcof country, and the local belief is that the malady was carried from the stations on the Senegal to M'Carthy's Island through their agency. The population of M'Carthy's Island is from 300 to 400, and the disease prevailed among those who remained on the island, after its appearance, until the 28th of April. No less than 98 persons were known to have been carried off, but the actual loss of life was no doubt greater. Many of the natives fled when the epidemic broke out, and they would seem to have spread the disease among the populations on both sides of the river, above and below the island. The latest news states that the malady had extended along the Gambia, as far as the kingdom of Bonudoo, about 700 miles from the river's mouth.

While the epidemic was ravaging M'Carthy's Island, and commencing its career along the course of the Gambia, it was still extending among the populations scattered on the banks of the Senegal, and a recent account states that it is penetrating towards the interior of the continent.

It is remarkable that on the Gambia, as on the Senegal, the epidemic, according to our present and fairly trustworthy information, appeared first inland. Of the progress of the epidemic up the river Gambia (as up the river Senegal) only a general account is forthcoming. Of its progress towards the sea, a more precise knowledge is practicable.

After attacking M'Carthy's Island, the epidemic in its course seaward first broke out at Doomasangsang, a trading station about midway between M'Carthy's Island and the mouth of the Gambia. This station had a population of about 300, of whom (exclusive of those who fled) 80 were carried off.

Subsequently Albreda, a trading station about nineteen miles from Bathurst, was attacked, and the malady prevailed there as virulently as at the two stations named higher up the river. The virulence of the disease, indeed, along the whole course of the Gambia appears to have been appalling.

Bathurst is a town situated on the island of St. Mary, at the mouth of the Gambia. When it was known there that cholera had broken out at M'Carthy's Island, a quarantine was established, which from the first it might have been seen would be futile, not only as against communication with trading vessels putting in to the port, but especially as against canoes coming from the contiguous mainland. Canoes readily passed by night, laden with people who were effecting their escape from infected districts higher up the river.

On the 5th of May, as already stated, cholera appeared in Bathurst. The town is situated on a porous soil, saturated with moisture, and the water for the use of the population is chiefly obtained from shallow surface-wells in the vicinity of the huts of the natives. Extreme excrementitious pollution of the surface is the rule. The population numbered, at the time of the outbreak, about 4250 souls. Although cholera was first recognised on the 5th of May, it is probable that the disease existed among the native population at an earlier date. On the 7th of May there were 13 deaths; on the 11th, 17; and, the number fluctuating from day to day in the interval, on the 22nd, 23rd, and 24th, on the average, 74 deaths daily. After the 24th, the disease decreased gradually, and on the 21st of June the last patient was discharged from hospital. The number of ascertained deaths from cholera was 1174, upwards of one-fourth of the whole population! Probably a third of the inhabitants of Bathurst were swept off. The self-denying and altogether unselfish and noble labours of Staff Assistant-surgeon Dr. Robert Waters, and of Lieutenant F. A. Stewart, of the 1st West India Regt., during this terrible visitation, deserve the highest recognition. The great forethought and energy of Rear-Admiral Patey, the administrator of the colony, in the grave crisis which had befallen it, excite warm admiration.

From Bathurst, the epidemic, carried, it is believed, by labourers during the migrations of the ground-nut season, passed to Wakar, a town of 3350 inhabitants, situated on the mainland, ninety miles north of the mouth of the Gambia. The disease next seized upon Rufisque, a town having a population of 4550, and situated north of Wakar, and to the south of the base of the peninsula which terminates in Cape Verde. From Rufisque and Wakar the epidemic spread to Goree. The island of Goree is a French

possession; it contains a population of 2525, and it lies about ninety miles north of the mouth of the Gambia, and immediately south-east of Cape Verde. The epidemic broke out early in June of the present year, and at the time of the last account the deaths amounted to 14 daily.

This is the first time that epidemic cholera is known to have prevailed in Western Africa, and we trust that in a short time we shall be able to lay before our readers an authentic detailed account of the spread of the epidemic, and of its relation to the extension of the malady in North-west Africa.

Correspondence.

"Audi alteram partem."

REGARDING THE EFFECTS OF REMEDIES UPON THE FACULTY OF LANGUAGE.

To the Editor of THE LANCET.

SIR,—You were pleased a few months ago to insert a short note which I sent you containing an account of a case in which words were wrongly used by a patient whilst under the influence of opium. May I now ask you to give a place to the interesting letter from my friend Dr. Nicholls, of Chelmsford, which I now send you.

I am, Sir, your obedient servant,

JOHN W. OGLE, M.D.

Chelmsford, January 16th, 1869.

MY DEAR DR. OGLE,—Your cases of aphasia, published in THE LANCET, August 22nd, 1868, and a most interesting case of poisoning by stramonium in the last year's St. George's Hospital Reports, by Dr. G. Paget Blake, induce me to let you know of two cases in which I have seen aphasia produced by the use, or rather perhaps by the excessive use, of two powerful drugs—viz., stramonium and cannabis indica. The former was in the case of an elderly gentleman who had been ordered to smoke stramonium for the relief of asthma; this he did, and to the extent of many pipes-full in an evening, mixed with a small quantity of ordinary tobacco. After several pipes he would begin to call things by wrong names, and this without knowing it; and it is remarkable that he almost always miscalled the same things. He was a very small drinker, and after sound sleep the loss of the power of intelligible speech passed away, and he was not at all aware that he had miscalled places and things after smoking, and would scarcely believe it. He afterwards died of bronchitis. I may mention that he began by only smoking one pipe of an evening, and when suffering from asthma; but he increased it to many pipes per day, and used sometimes to smoke during the day. He always remembered the subjects of his conversation, but not his language.

The case of aphasia from the use of cannabis indica, is that of a young man, aged twenty-four, who has lately been under my care. In May last he had an apoplectic attack and suffered from paraplegia afterwards, and had the most excruciating pain in the front of his head. He got little or no sleep at night, and I tried morphia, opium, &c., with very little relief. He is a chemist, and took some chlorodyne, and found some relief from the pain; whereupon I gave him some of the tincture of cannabis indica, and I found it gave relief, but had to give very large doses. He took as much as two drachms of the tincture with a little hyoscyamus, and after a full dose he was free from pain; but in talking he misnamed almost everything—called his head his foot, &c. &c. And this was always the case; but he was and is now conscious that when he has taken the drug he cannot express his ideas correctly, whereas in the stramonium case the patient did not at all remember that he had miscalled things, &c. This patient is now better, and does without the narcotic. He did not always miscall the same things or even call the thing twice by the same name; whereas the stramonium smoker *always called* his boots logs of wood, his bedroom the stable, &c. &c.—that is, when under the influence of the drug.

I have inhaled chloroform some half a dozen times in my life, and my sensations, dreams, ideas, and feelings have on each occasion been the same—that is, between the beginning of the inhalation and the stage of utter forgetfulness. I have heard the same sounds in my ears and seen the same visionary place each time: this looks as if certain drugs produced on the same brain always the same chain of symptoms. With my patient there was no stage of delirium nor even excitement after smoking stramonium, and his sleep afterwards was only slightly deeper than usual. My cannabis indica case does not sleep soundly after his dose, but lies quietly dreaming and free from pain; but he tells me he does not always have the same sensations and dreams.

I am, yours faithfully,

John W. Ogle, Esq., M.D. JAMES NICHOLLS.

P.S.—I have recently met with an observation of a French physiologist, Dr. Leuen, in the *Archives de Physiologie*, to the effect that quinine, in addition to other symptoms, may produce aphasia.

THE BRITISH MEDICAL ASSOCIATION: HOSPITALISM.

To the Editor of THE LANCET.

SIR,—As my speech on the great "hospitalism" question is reported by you, and as you have been so kind as to allude to it in a leading article, will you allow me to state what I really did say?

The main object I had in rising was to clear up the confusion which is too often made between the general lowering of the "vitality" of patients in a hospital, and, secondly, their liability to infection. I contended that all experience, and our recent removal, showed how valuable large, well-ventilated wards were for the former object; but I held, with Mr. Hutchinson, that no amount of ventilation would destroy infectious germs when introduced. Against them we must fight with other weapons. When, therefore, one speaker after another accused our central court of mischief, did they mean that it would make the wards stuffy and depressing, or did they mean that it favoured infectious diseases? Not till they made this distinction could they be properly answered. I further said that I believed the agents carried in water, which cause enteric fever and cholera, are material particles, and not spiritual effluences; and that it is as absurd to deny their existence on the ground of their invisibility, as to deny the existence of strychnia in a solution thereof on the same ground.

I am, Sir, your obedient servant,

Leeds, August 14th, 1869. T. CLIFFORD ALLBUTT.

THE TREATMENT OF CHOLERA BY INJECTION OF MORPHIA.

To the Editor of THE LANCET.

SIR,—I herewith transmit you a copy of a letter I have written to the medical officer of the Manchester Corporation on the treatment of Asiatic cholera.

I am, Sir, your obedient servant,

W. BATES, M.D., F.R.C.S.E.

To John Leigh, Esq., the Medical Officer of the Manchester Corporation.

SIR,—I think it my duty to call your attention to a case of Asiatic cholera I was called to see on Monday last, August 5th, 1869. My patient is a Mrs. John S———, Daisy Bank, Ashton New Road, Droylsden, and within one mile of the city of Manchester. I saw the case for the first time at 11 o'clock A.M. The first symptoms had commenced seven hours previously by vomiting and purging. When I saw her she was in the *algide stage*—rice-water evacuations from the stomach and bowels, no pulse perceptible at the wrist, voice husky, and the skin had a contracted and pinched appearance throughout its whole extent; skin cold, and expired air cold; thought she must die every minute.

Whatever the poison of cholera may be, a mycoderm or otherwise, such poison produces "tonic" spasm of the involuntary, and "clonic" spasm of the voluntary, muscular

tissues. For this spasmodic condition, I have employed the hypodermic administration of morphia.

In my case, on Thursday, I introduced four minims of Roberts's solution of morphia over the stomach, and returned to see the effect in an hour afterwards, when I found the abdomen warm, which had been previously cold. I then introduced four more drops, and left the case for three hours, when I found it much improved,—spasm of the involuntary muscles much less, countenance much improved, body warm, pulse quite perceptible at the wrist; vomited once only in four hours; still purged; stomach had begun to retain fluids. At 8 P.M. reaction had fully taken place, and the case has since been treated for one of ordinary diarrhœa.

I think the means used in this case, and the success which has attended it, are worth the attention of the medical profession and the public.

The origin of the poison in this case, on examination, is quite evident. The well from which they are supplied with water, the main sewer for the property, the cesspools and middens, are all in a sandy soil, within three yards of one another.

I last year employed the hypodermic method in the third stage of cholera in the same township to relieve hiccough, sickness, and want of sleep, and found it to relieve hiccough immediately, and produce sleep, with diminution of vomiting.

You can, if you feel inclined, investigate all the facts concerning my present case.

My attention has been called to the present mortality in Manchester amongst infants and children. My impression is, that if mothers were taught to give them more water in hot weather than they do, more especially infants at the breast, many lives might be preserved, and much diarrhœa avoided. Boiling water poured on spent tea-leaves would, I believe, prevent diarrhœa in children.

I remain, Sir, yours faithfully,

WILLIAM BATES, M.D., F.R.C.S. Eng.

Stockport-road, Manchester, Aug. 7th, 1869.

VACCINATION.

To the Editor of THE LANCET.

SIR,—The revival of public inquiry into the subject of Vaccination, caused by the occasional occurrence of untoward results, induces me to call attention to a simple fact of great importance in the performance of that operation—namely, that *the lymph should be taken from the vesicle before the appearance of the areola*; for the simple reason that coincident with the appearance of the areola is the beginning of the suppurative process, and our object is to vaccinate with lymph, not with pus. It is to the inoculation of lymph more or less mixed with pus that many of the disastrous effects of careless vaccination are due. In order to observe this rule strictly, it is important in a large number of cases to take the lymph before the eighth day. The conventional practice of seeing vaccinated patients once a week is faulty and pernicious. My own rule for some years past has been to take lymph on the sixth or seventh day, the earlier the better.

I am, Sir, your obedient servant,

D. DE BERDT HOVELL.

Five Houses, Clapton, Aug. 17th, 1869.

SURGEONS AND INSTRUMENT-MAKERS.

To the Editor of THE LANCET.

SIR,—I think many of the profession will agree with me that the relation of medical men and the public to instrument-makers, or "surgical mechanicians," is not at present on a perfectly satisfactory footing. Holding as I do that an instrument-maker has no more right to apply an apparatus than a druggist has to administer medicines, without the advice of a qualified practitioner, I beg to state the following circumstances, of recent occurrence, which may possibly tend to elucidate the question.

Some weeks back, Dr. Tilbury Fox recommended to my care an officer from India, who had undergone amputation below the knee some years before, with a resulting contracted knee. Being now desirous of wearing an artificial leg, the patient desired to know whether the knee could be straightened. I gave as my opinion that it could, after division of the contracted hamstring tendons, and took the patient to Mr. Gumpel, of Leicester-square, both to know whether he would be able to fit a leg with a movable knee, and also to order a suitable extending apparatus for application after division of the tendons. When the apparatus was completed, my patient called upon me with it on, and remarked, "Oh, Mr. Gumpel tells me he thinks the knee may be straightened without division of the tendons." I replied that Mr. Gumpel had no business to express any opinion at all upon the subject (with which the patient agreed), but that as he had done so, I should prefer to try and dispense with the operation, although I believed it would ultimately be required. A fortnight perfectly convinced my patient of the uselessness of the apparatus alone, and I then divided the tendons, and the case has made satisfactory progress since.

Passing through Leicester-square some days afterwards, I called upon Mr. Gumpel to remonstrate with him, when he utterly denied having said anything of the kind, and in the rudest manner bowed me out of the door. I beg permission now to lay the whole circumstances of the case before the readers of THE LANCET, in pursuance of a message sent to Mr. Gumpel, through my patient, requiring an apology for his behaviour, of which he has taken no notice.

I am, Sir, your obedient servant,

CHRISTOPHER HEATH, F.R.C.S.

Cavendish-place, August 3rd, 1869.

THE BRITISH MEDICAL ASSOCIATION.

THE following correspondence has been forwarded to us for publication:—

Oxford, August 3rd, 1869.

SIR,—Some of my professional friends in this city have called my attention to remarks made by you at the meeting of the British Medical Association at Leeds, referring to the meeting last year in Oxford. They are reported in THE LANCET,—not in the *Medical Times and Gazette*, nor in the *British Medical Journal*.

"Situated as Dr. Acland was, with little assistance to prepare for such a great meeting as that of the Association was, and the extraordinary amount of labour which necessarily fell upon him in consequence of the deficiency of assistance, it was marvellous to him (Dr. Beatty), who knew something of the labour necessary to get up such a meeting, how Dr. Acland succeeded in doing what he did."

The words, we consider, imply that we did not give Dr. Acland, when president, the assistance that ought to have been rendered. If Dr. Acland had less assistance than he desired, it was not the fault of his professional brethren, the resident practitioners and members of the Association. We were invited by a letter from him to attend a meeting on the subject, and we joined him in the invitation to the Association to visit this city. We were not again consulted; and those of us who are not members of the University were not permitted to take part in the arrangements.

I am, &c., E. L. HUSSEY.

Dr. Beatty, M.D., Dublin.

Merrion-square North, Dublin, August 4th, 1869.

SIR,—I am sorry that any words of mine should have displeased any of my brethren in Oxford. I uttered what was commonly rumoured at the time; and I am glad to find that so many of the profession were desirous of assisting in the preparation for the memorable meeting at Oxford.

I am, &c., THOS. E. BEATTY.

E. L. Hussey, Esq., Oxford.

Oxford, August 7th, 1869.

SIR,—Thanking you for your ready answer to my letter, and the courtesy of your reply, I trust that you will not object to my giving equal publicity to it, and to my own letter to you, which has been given to your remarks at Leeds.

I am, &c., E. L. HUSSEY.

Dr. Beatty, M.D., Dublin.

Dublin, August 8th, 1869.

SIR,—I am afraid you have mistaken the intent of my last letter to you, written on the 4th inst. In it, when I

expressed regret that offence should have been taken at anything I said in Leeds, I did not mean to retract one word of what I said relative to my very valued friend, Dr. Acland.

If you think fit to publish my former letter, I request you will let this one accompany it.

Your obedient servant,

To Dr. Hussey, Oxford. THOS. E. BEATTY.

THE HEALTH OF RAMSGATE.

To the Editor of THE LANCET.

SIR,—The thanks of the inhabitants of Ramsgate are due to you for your notice of our sanitary state in your impression of the 14th inst. I have for more than five years taken much interest in the town, and have by me a series of observations on the climate, and through the kindness of the local registrar, the death-rate, for the seven years ending December 31st, 1867. Dr. Canham, a retired physician residing in the neighbourhood, has also published the vital statistics for the above seven years. In a letter of his to the Local Board, dated January 4th, 1868, he calculates the average population of the seven years ending December 31st, 1867, at about 13,000; the number of deaths during that period was 1756: from this he deducted 213—the deaths of visitors, sailors, &c.—reducing the deaths to 1543. This gives an average death-rate of about 17 in 1000. My calculations coincide with Dr. Canham's, except that I consider, in his desire to be very careful, he has underrated the number of the population, the average of which for the seven years in question I believe to be 14,000; which would give us a death-rate of less than 16 in 1000. In calculating the death-rate of a watering-place, particularly of a seaport town, I am sure you will agree with me that the deaths of visitors and sailors should be deducted.

I am, Sir, your obedient servant,

J. FINCH SMILES, M.R.C.P. Edin. &c.

Ramsgate, August 17th, 1869.

Foreign Gleanings.

ON THE DANGERS ATTENDING UTERINE TRAUMATISM.

M. SAINT VEL treats this subject in the *Gazette Hebdomadaire* of Paris of the 16th of July, and cites three cases in which operations, more or less severe, on the neck of the womb were followed by death. One patient was under the care of M. Demarquay, and presented a polypus, much resembling a raspberry, issuing from the os. The growth was removed by forceps, and the patient died in a week of pelviperitonitis. The second was under the same surgeon, who removed the hypertrophied neck of the uterus, and the patient died in three days; no autopsy was allowed. The third case relates to a married woman of twenty-eight, presenting a hard and hypertrophied cervix. Incisions were had recourse to, and the patient died, after repeated attacks of hæmorrhage, twelve days after the operation. No autopsy.

INOCULATIONS OF TUBERCULAR MATTER; NEGATIVE RESULTS.

Dr. Dubuisson has communicated to the Academy of Medicine of Paris a paper describing such inoculations, conducted with great care, and under the eye of Dr. Villemin himself. None of the animals presented the least trace of tuberculosis. The results are summed up as follow. The substances which were inoculated remained harmless, nor was the result of the inoculations influenced by the nature of the substances used. The latter may sometimes give rise to sudden symptoms, and kill the animal by a kind of poisoning. Lobular pneumonia was excited in several instances; it should, however, not be mistaken for tubercular deposit. Animals who have eaten tubercular matter have died as poisoned by septic substances. Animals fed upon tubercular lung are made unwell in consequence of this unwholesome diet; but they do not become tubercular. These experiments, therefore, prove that tuberculosis, in its essence, is neither virulent nor contagious, so far, at least, as the animals which were the subjects of experiment are concerned.

LARGE INGESTION OF CROTON OIL BY A LITTLE GIRL; RECOVERY.

Dr. Mauvezin relates, in the *Gazette des Hôpitaux* of June 29th, the case of a little girl, six years old, who, by mistake, swallowed forty-five drops of croton oil in some coffee and milk. She complained of the horrid taste of the drug, and a burning sensation at the isthmus faucium immediately after the ingestion. A little time afterwards there was great pain at the epigastrium, with severe vomiting, which lasted three quarters of an hour. After the vomiting had ceased, the patient slept for four hours; and on awaking she said she was hungry, when some soup was given her. The child was then free from all pain, had two loose stools, and made a good recovery. Dr. Mauvezin is puzzled to explain this favourable result, and states that the oil was, on trial, found of good quality, and readily excited pustulation by friction.

HEMERALOPIA.

Dr. Coindet, a distinguished surgeon in the French army, writes to the *Gazette Hebdomadaire* of July 23rd concerning this complaint, and states that he has obtained excellent results by cauterising around the periphery of the cornea, without touching the latter, with a finely-pointed piece of lunar caustic. It should be done by cauterising each fourth of the periphery successively.

THE MOTOR PORTIONS OF THE MEDULLA SPINALIS.

Prof. Schiff has found that the white and grey parts of the medulla, which convey the power of motion, have themselves no motor power; that is to say, that no movement is produced when they are excited, provided care be taken to prevent such excitement from radiating to the roots of the nerves. Very interesting experiments were instituted to prove this. Prof. Schiff has proposed the Greek word *kinesodical* (κινησις motion, οδος way) to point out the property of conveying the motor power without the inherent possession of such a power.

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION OF THE GENERAL MEDICAL COUNCIL.

It will be convenient to arrange our Report nearly in the order of the Resolutions of the Council.

I. THE SUBJECTS DEEMED REQUISITE BY THE COUNCIL.

The General Medical Council, by its resolution of June 7th, 1867 (Minutes, vol. v., p. 237), excluded Botany from the curriculum of subjects; and, consequently, we did not include it in our inquiry. But we are not satisfied that this matter has been sufficiently considered, and we advise that it shall be again discussed by the Council, and that an opinion shall be once more given as to whether a knowledge of botany is or is not necessary for a medical practitioner. If the decision be the same as before, then the matter is ended; if the Council, however, after renewed consideration, declares botany to be necessary, it must be determined whether it shall be studied before the commencement of medical studies, i.e., be made a compulsory subject at the preliminary or entrance examination, or shall be included among the subjects taught in the four years of the medical curriculum. If the Council declares that botany shall be studied before medical education is commenced, it ought to take measures to satisfy itself that the kind and amount of knowledge which it deems necessary is really attained, and that the examination which the Council accepts as a proof of knowledge is properly conducted.

We pass no opinion on this point, but a resolution will be moved for the purpose of bringing it once more under discussion in the Council.

A question has been raised as to Chemistry. Some gentlemen who have replied to our letter have suggested that chemistry shall be a preliminary subject, i.e., shall be learnt before the commencement of medical studies, and a year is named as the time during which it should be studied. This suggestion involves more than it professes to do. If a year is to be given up to chemistry it will really be nothing more nor less than a year of the medical curriculum, to which it will be added, or from which it will be taken.

Another plan has been proposed by the Medical Teachers' Association and others. Surrendering the proposal to make chemistry entirely preliminary, it is still thought that elementary chemistry might be made a compulsory subject of the preliminary examination of general education, and it is, we presume, anticipated that the medical curriculum would be thereby lightened.

The matter seems to us to stand thus: Chemistry is so important, indeed so necessary, for good medical training, and is so interwoven, as it were, with physiology, pathology, dietetics, and medical practice, that we have no doubt it must be thoroughly studied during the medical curriculum; and even if we could look forward to a time when the study of chemistry in our general schools would render this unnecessary, we are sure that that time is yet far distant. But if it were possible to secure for the student some previous knowledge of chemistry, it would doubtless aid both him and his teacher. However, by making elementary chemistry a compulsory subject

of the preliminary examination, we fear the Council, in the present state of general education, would put itself in this dilemma: either such a preliminary examination of chemistry would be worthless, or if severe enough to be a test, it would impose a study out of the range of ordinary schools, and might therefore prevent some persons from entering the profession, or would add to the expense of medical education.

At the same time, the fact of the Medical Council placing elementary chemistry among the compulsory subjects of the preliminary examination would give a powerful impetus to its study in general schools throughout the country, and in this way the proposed regulation would be useful; but it could not be looked upon as likely to lessen at present the amount of chemical instruction in the medical schools. We shall bring forward a Resolution to take the sense of the Council in this matter.

The subject of Zoology was not included by the Council among the necessary subjects. It has been suggested it should be so, but to this we cannot agree. Zoology may very properly be demanded from those who take the higher qualification; but there are already sufficient subjects, more directly related to his future duties, to be studied by the student intended for general medical practice.

The ten subjects enumerated by the Council are obviously essential, but we think it would conduce to efficient teaching if some of these subjects were again divided. We would propose to add to chemistry, Medical—i.e., physiological and pathological—Chemistry, so as to carry out the definition of the Council (Minutes, vol. v., p. 237), "That chemistry should include those details of the science which bear on the study of medicine." It is also expedient that Physics should henceforth be made a separate branch of study. The Council has separately enumerated Materia Medica and Practical Pharmacy, but we propose also a further division into Therapeutics, and would employ the term Pharmacy in place of Materia Medica, which is a generic word, including Pharmacy and Therapeutics. So, also, Pathological Anatomy should be made a separate division, as is suggested indeed by the Council (Minutes, vol. v., p. 238), and Hygiene should be added.

The Council will understand that these changes do not really increase the number of subjects, and do not necessarily add to the number of lectures, and to the student's work; he is supposed at present to learn all of these, but the division enables a more complete view of what is taught, and also a better order of tuition to be attained.

The list of subjects will therefore stand as follows:—

Physics, Chemistry, Medical Chemistry, Anatomy, General Anatomy, Physiology, Pharmacy, Therapeutics, Medicine, Surgery, Pathological Anatomy, Midwifery, Forensic Medicine, and Hygiene.

II. THE ORDER IN WHICH THESE SUBJECTS SHOULD BE TAUGHT.

The nature of the subjects at once fixes a certain order. Anatomy, chemistry, and physiology must necessarily precede medicine, surgery, and midwifery.

The rules of the various licensing bodies have already sanctioned the division, and in accordance with their regulations, and in order to prevent confusion, it is clearly desirable not to mix up what may be termed the preparatory and the practical subjects.

The rules and the periods of the examination of almost all the licensing bodies are in accordance, and the North German Permissive Plan, as given in Appendix II., is the same in principle.

It will be observed, that in some of the replies, it is recommended that students should be encouraged to attend the hospital, and gain what practical knowledge they can from the very commencement of their studies. This is a matter on which there is a difference of opinion; but provided a student does not neglect the studies which are enjoined, and does not interfere with the hospital work of the older students, he might voluntarily attend the hospital throughout his whole period of study. But we are of opinion he should not be compelled to attend until a certain date.

If the total period of study be four years, what length of time should be occupied with the two series of subjects into which medical education can be divided?

Several teachers suggest that the Annus Medicus should begin in the summer, and not in the winter. The suggestion is worthy of attention, because in the first summer session there is sufficient time to go over several preparatory subjects. It does not, however, enable the line between the two classes of subjects to be so well drawn as in the year beginning with the winter session. It has also been suggested that the length of the winter session should be shortened to four and a half or five months, and that of the summer session lengthened to four or four and a half months. It would be well for the Council to ascertain from the several licensing bodies if there could be any decided advantages or any difficulties in such an arrangement.

If the medical year begins in October or November, as at present, the following scheme seems to us to arrange the subjects in a satisfactory manner, and with a length proportionate to their importance, and to include, as far as we can manage it, the views of those who have best considered the matter. It will be understood that this scheme is merely to show the practicability of the arrangement, and not to lay down a course to be invariably followed.

First Winter Session. Physics (by a separate teacher), Chemistry, Practical Chemistry, qualitative (in the last three months), Anatomy and Dissections.

First Summer Session.—Medical Chemistry (viz., Physiological and Pathological Chemistry, including chemistry of poisons), General Anatomy (including the practical study of minute anatomy and histology), Botany (if included in the curriculum), Pharmacy and Practical Pharmacy.

Second Winter Session.—Anatomy, Dissections, Physiology (by lectures and practical study).

First Examination for the Licence in Anatomy, Physiology, Chemistry, Pharmacy, &c., to be undergone at the end of the second winter session, or eighteen months after the commencement of medical studies.

By this plan a distinct separation is made between the preparatory and practical subjects, and sufficient time is given for the latter. The only subject included which is not truly preparatory is pathological chemistry, but it is convenient at present to place that subject with physiological chemistry, of which it can easily be made an offshoot.

Second Summer Session.—Hospital practice, with initiatory clinical instruction in Medicine and Surgery.

Third Winter Session.—Systematic lectures on Medicine and Surgery, and Hospital practice and clinical lectures.

Third Summer Session.—Therapeutics, Pathological Anatomy, Hospital practice and clinical lectures, and Operative Surgery.

Fourth Winter Session.—Midwifery, Diseases of Women and Children and Practical Midwifery, Hospital practice and clinical lectures, (special instruction in diseases of the eye, ear, teeth, in vaccination, and in mental diseases, &c.)

Fourth Summer Session.—Forensic Medicine, Hygiene, Hospital practice and Practical Midwifery.

Final Examination for the Licence in Therapeutics, Medicine, Surgery, Midwifery, Forensic Medicine, and Hygiene.*

In arranging this order, it will be seen that we have aimed in the first division at the following points: that the student should study anatomy and dissect in two winter sessions, but we do not desire to see the same course of anatomy repeated; that chemistry should be taught as a science, and practically, in the first winter session, and that its applications to medicine should follow immediately in the next summer session, because in subsequent years, when the hospital would be attended, there would be no time to perform laboratory work; and that physiological chemistry and general and minute anatomy should precede advanced physiology, to which these subjects are necessarily an introduction. It will be noticed that in several of the replies from anatomical teachers, it is recommended that anatomy be studied for three or even four years. We are fully impressed with the value of anatomy; but it must be remembered there are other subjects equally important, and that time must be allowed for them. Anatomy is, therefore, recommended to be studied for eighteen months, and chemistry and physiology for a year.

If the examination is conducted at the end of the second winter session, the time would be convenient for obtaining anatomical subjects.

In the second division, the only alteration which calls for remark is the time allotted to midwifery. It will be seen from the evidence in the Appendix that several of the best midwifery teachers would place that subject in the third year; but we believe that it will really be better, first to teach general medicine and surgery, and, besides continuing the study of these, to let the last twelve months be also occupied with midwifery and with special classes of disease, on which particular instruction is much needed, as, for example, diseases of women and children, mental affections, ophthalmology, &c. We are decidedly of opinion that the present space allotted to midwifery in the regulations of some of the licensing bodies is too short, and that, as was formerly the case, it should extend over one winter session, and that instruction in practical midwifery should also be extended.

III.—THE METHOD OF TEACHING THESE SEVERAL SUBJECTS.

Some apprehension has been expressed lest the Council might lay down rules as to methods of teaching which might too much limit the freedom of teachers. We do not think that the Council is likely to do this to any greater degree than has always been done by the medical corporations.

We have placed in our Appendix the opinion on every subject of a large number of the teachers best qualified to judge; and we think it will be the wisest course to allow these opinions gradually to produce their effect on the method of teaching. Time will show whether it will be advantageous for the Council to discuss more fully special modes of tuition in all or certain subjects.

We are of opinion, however, that there are certain general rules which should be enforced.

For many years practical chemistry has been compulsory; but the answers of the eminent chemists whom we consulted show that chemistry must be still more practically dealt with, and some even recommend the discontinuance of formal chemical lectures. We are not prepared to adopt this latter recommendation; but we have no doubt the laboratory work should be much more carefully done, while the systematic lectures might probably be more restricted.

Then with respect to the application of chemistry to physiology and pathology (a point of the highest importance), we have no doubt the instruction should be chiefly practical, and should take place in a museum and laboratory, after the chemical course has been gone through.

In pharmacy the instruction should largely consist of demonstrations or examinations in a museum, and be as practical as possible, while opportunities for learning must be given both in a pharmaceutical laboratory and by practical dispensing.

With regard to anatomy, whilst we have not thought it requisite to make any division of the subject beyond what has already been done by the Council, we think it desirable to direct the attention of teachers to the great

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* If the Annus Medicus began in the summer session, the following might be the order of the subjects. In this arrangement the advantage is gained of occupying the first summer session with preparatory teaching, which will prepare the student properly for the more advanced courses of the following session.

First Summer Session.

Physics.
Chemistry (Elementary).
Osteology.
Botany (if included in the curriculum).

First Winter Session.

Anatomy and Dissections.
Chemistry and Practical Chemistry.

Second Summer Session.

Medical Chemistry—viz., Physiological and Pathological Chemistry.
General Anatomy and Microscopy.
Pharmacy and Practical Pharmacy.

Second Winter Session.

Anatomy and Dissections.
Physiology (by lectures and practical study).

(FIRST EXAMINATION.)

Third Summer Session.

Initiatory Surgical Instruction in Practical and Operative Surgery.
Initiatory Medical Instruction in Methods of Examination and Diagnosis.
Hospital Practice.

Third Winter Session.

Lectures on Medicine.
" " Surgery.
Pathological Anatomy.
Hospital Practice and Clinical Lectures.

Fourth Summer Session.

Midwifery and Practical Midwifery.
Therapeutics.
Forensic Medicine.
Hospital Practice and Clinical Lectures.

Fourth Winter Session.

Diseases of Women and Children.
Practical Midwifery.
Special Hospital Instruction in Diseases of the Eye, Ear, Mind, in Vaccination, &c.
Hospital Practice and Clinical Lectures.
Hygiene.

(SECOND EXAMINATION.)

importance of devoting particular attention to those departments of the study which have most direct relation to medical and surgical practice.

Minute (including microscopic) anatomy is, in some parts of the kingdom, considered to belong to the anatomical course, while in other places it is included in the physiological. We believe this latter view to be correct, and we would advise that the anatomical lecturer shall not include in his course general and minute anatomy; but we also consider these subjects should be separated from the advanced physiological lectures, and be studied previously, but under the supervision of the physiological teacher.

Finally, in regard to hospital practice, without encroaching on the systems preferred by individual physicians and surgeons, we may state there is an urgent need of improving practical hospital training in many schools. The replies on this head in the Appendix are of great value. We believe that not only practical hospital classes in medicine and surgery should be more commonly instituted than at present, but that every student should perform the duty of clerk and dresser, even if the time now occupied in these offices were shortened, and the amount of work done by each clerk or dresser lessened. At present, in our large schools, there are many students who never have the opportunity of practical work of this kind, which they may be called on to perform the day after they have passed their examinations. But it is surely proper that the amount of hospital instruction, whatever may be its extent, should be equally proportioned among all those who pay their fees, in the faith of receiving their share of this instruction. It only requires more system and a proper use of the various departments of an hospital (both the in- and out-patient departments), and division of the students among them, to ensure that every student shall get the full benefit which his hospital is capable of giving him. In addition, the opportunities of instruction afforded by hospitals, infirmaries, and dispensaries which are not attached to medical schools, should be taken advantage of.

There is one matter, however, in respect of teaching, which the Medical Council may not only properly regulate, but is urgently called on to do so. We refer to the extent to which the teaching of each subject is to be carried.

Whoever will consider the great extent of the sciences which lie at the foundation of medicine and surgery, and indeed, in the present day, the extent of the practical parts of medicine and surgery, will see that some limit must be assigned to the amount of knowledge which can be fitly exacted.

The Committee is aware that teaching may in some subjects be carried to such an extent as to throw unnecessary difficulties in the way of the candidate for a general licence. We do not think it expedient to interfere directly by regulation with this matter, but we are of opinion that all that is necessary may be accomplished through the examinations.

With this view, we recommend that the various licensing bodies be requested to state the extent and nature of the examinations which they require in the different subjects of the curriculum. We further recommend that, on receiving these statements, the Council shall compile a set of rules, which will indicate the most important parts of each subject, and serve as a guide to teachers, *in so far as applies to the preparation of the candidates for the licence*. These rules can be revised from time to time, as the subjects advance and the modes of teaching improve.

In this way the examinations in the three divisions of the kingdom will be made much more uniform; medical students intended for general practice will know more precisely how far they must learn, and within what limits an exact knowledge may reasonably be demanded from them.

IV.—ARRANGEMENT OF THE EXAMINATIONS.

This was the last point referred to us by the Council, and we understand the reference to mean how the examinations of all kinds may be conducted, so as to answer the effect of allowing no one to enter on general medical practice who is not fully competent.

It will be seen that we have not adopted the view of the Medical Teachers' Association, that there should be three professional examinations—viz., at the end of the first year, of the second year, and of the fourth year. There is a disadvantage in having so many examinations, as regards both students and examiners; and the objects of the Association can be, we think, met by placing the school examinations on a better basis.

We would propose, then, two examinations by the licensing bodies as heretofore: the first a primary examination, embracing anatomy, chemistry, physiology, and pharmacy, at the end of the second winter session; and the second or pass examination, including all the other subjects, at the end of the fourth year.

But we would propose to prepare for these examinations by having more regular class examinations. The Medical Council has on several occasions expressed its wish that the class examinations should be more thoroughly conducted than they now are, at least in most cases, and we propose that the Council should now give effect to its suggestion.

With this object we would propose that no certificate of attendance on a course of instruction be accepted as valid by a licensing body, unless it attests that the student has been duly examined during the progress of such course, and especially at its termination. In this way each student may learn from his teacher the degree of proficiency he has attained in a given branch of study.

The professional examinations of the licensing bodies have been already repeatedly inspected by the Medical Council, and improvements which will make them more efficient tests have been and are being gradually introduced. Still the examinations are not quite satisfactory, and we recommend that the Council should continue their visitations from time to time, and should watch over the working of the plans they have seen in action, and, above all, that the Council should see that every part of the system of instruction be fully tested. The scope of the examination for the licence ought, in fact, to include every part of the work done in the schools, practical or otherwise. Especial attention should be paid by the Council to the necessity of requiring in all cases that the clinical examination of surgical and medical patients shall form part of the pass examination.

The supervision by the Council has hitherto been conducted by the Branch Councils, and has certainly worked very fairly; but if the institution of independent visitors be impossible, we think the efficacy of visitation would be increased were the Branch Council of one division of the kingdom to visit the examinations of another.

One of the great evils at the present moment is the inequality of the examinations for the licence. The inequality of the test of efficiency is the more unfortunate, as every licence confers an equality in the right to practise everywhere. The easy examination of one licensing body tends to depress the standard of the examination in all the rest. Visitations of examinations, doubtless, partly remedy this state of things; but to completely remove it a bolder course is necessary. The time has now arrived when, leaving to the universities and corporations full liberty to deal as they please with their honorary distinctions and degrees, the Medical Council should endeavour to effect such combinations of the licensing bodies included in Schedule A as may form a conjoint examining board for each division of the kingdom, before which every person who desired a licence to practise should appear, and by which he should be examined on all subjects. Any higher degrees he may wish to take should come after, and should be optional.

This plan is one which the Council has often approached and has recommended in principle.

We feel assured that the examinations for licence will never be made satisfactory without it, and, therefore, that it is for the public good to enforce it without delay. Considering, also, the extent to which the Colleges of Surgeons and Physicians have already combined in England and Scotland, we cannot apprehend any insuperable difficulty in carrying out this object.

To enter into the details of such an arrangement of conjoint examining boards would lead us beyond the scope of the inquiry entrusted to us. The notice of the point has, however, naturally grown out of our subject; and we trust the Council will appoint another committee to consider and report how the examinations for licence in the three kingdoms can be thus provided for, and then apply, if necessary, for parliamentary powers to carry the recommendation into effect.

We have now to sum up our answer to the resolution of the Council appointing this Committee. We recommend—

1st. That the ten subjects deemed necessary by the Council be further sub-divided, for the purposes of teaching, as follows:—Physics, Chemistry, Medical Chemistry, Anatomy, General Anatomy, Physiology, Pharmacy, Therapeutics, Medicine, Surgery, Pathological Anatomy, Midwifery, Forensic Medicine, Hygiene.

2nd. That Physics, Chemistry, Medical Chemistry, Anatomy, General Anatomy, Physiology and Pharmacy (and Botany if included) be studied previously to passing the first professional examination.

3rd. That in the remaining period of the four years, the other subjects shall be studied, viz., Therapeutics, Medicine, Surgery, Pathological Anatomy, Midwifery, Forensic Medicine, and Hygiene, and that the second or pass examination shall then take place.

4th. That the exact order, number of lectures, and amount and kind of practical instruction be left to the schools, a guide being furnished to them by a definition of the area in each subject over which the examination will extend.

5th. That the schools institute class examinations in all these subjects, and that the certificate of study shall attest that the student has undergone these examinations.

If the Council approve the policy sketched out in this Report, and decide on carrying it into effect, we suggest that a small Committee, consisting of about five members, shall be appointed, and shall receive full powers to enter during the recess into communication with the various licensing bodies with respect to the limits of examination; and that this Committee shall present to the Council, at its meeting in 1870, a definite plan showing the extent to which the licensing bodies propose to carry their examinations. This Committee should also have power to enter into the other matters noted in the Report, especially into the possibility of forming conjoint examining boards, before which every student shall appear to entitle him to receive a licence to practise. The Council will then be in a position next year to take definite action in the matter.

ANDREW WOOD, Chairman.

MANCHESTER.

(FROM OUR OWN CORRESPONDENT.)

THE prevailing diseases during the week, and also the most fatal, are diarrhœa and dysentery, of which 137 cases have been reported in public practice, being an increase of more than one-third over the preceding week. Scarlatina, whooping-cough, and measles still keep their ground. Small-pox is declining rapidly, after an existence of many months. The fever return exhibits an increase, but bronchitis and chest diseases show a decrease as compared with the return of the preceding week.

The death-rate is, as usual, very high, one-third of the mortality being due to diarrhœa, from which children were the principal sufferers. Altogether, the number of new cases of disease is slightly greater than that of the preceding week, but very considerably less than that of the corresponding week of last year.

A successful case of ovariotomy has occurred here lately. The patient, a young lady aged twenty-one years, began to enlarge about ten months ago, and gradually continued until the measurement round the umbilicus reached thirty-three inches. She had not been tapped, and was advised not to be. Ovariotomy was performed on June 29th, 1869, by Dr. Lloyd Roberts. The cyst was a unilocular one, of the right ovary, without adhesions. The opposite ovary was healthy. The bowels were not exposed during the operation, and no fluid escaped into the peritoneal cavity. The edges of the wound were brought together by three deep sutures of silver wire, including the peritoneum. All the sutures were removed by the fourth day, and the wound was found united. The pedicle was gently drawn to the edge of the wound, the ligature secured by plaster, and a piece of dry lint placed upon it. No antiseptic dressings of any kind were used, and no stimulants or medicine were administered, except some sedative draughts for the first

few nights. She recovered without a single unfavourable symptom. The diet consisted almost exclusively of milk. Chloroform was administered by Mr. Walter Whitehead, with Clover's apparatus, without any vomiting. The tumour and contents weighed eighteen pounds. The length of the healed incision is 2½ inches.

Manchester, August 10th, 1869.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members were admitted Fellows of the College at a meeting of the Council on the 12th inst.:—

Square, Wm. Joseph, Plymouth; diploma of membership dated May, 1835.
Whipple, John, Plymouth; diploma dated March, 1834.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Aug. 12th:—

James, David, Cardigan.
Lill, William Frederick, Nottingham.
Oliver, Josiah, Hadlow, Tunbridge.

The following gentlemen also on the same day passed their first professional examination:—

Ernest A. Elkington, Queen's College, Birmingham; Alfred W. Harding, Thomas Mayne, and John George Rimell, University College; James Newstead, St. Bartholomew's; William Russell, Guy's; Barrington S. White, King's College.

NAVY MEDICAL SERVICE. — The following is a list of the successful candidates, in the order of merit, who passed the competitive examinations at Chelsea between the 9th and 14th of August, for admission as Assistant-Surgeons into her Majesty's Navy, to fill the required number of vacancies, and who have received commissions accordingly:—

Chas. Frdk. Keenan Murray, M.D. Queen's University, Ireland.
Thomas O'Sullivan, M.D. Queen's University, Ireland.
Joseph Wood, M.D. Edinburgh University.
Arthur Vereker Smythe, Queen's College, Cork.
Bernard Renshaw, St. Bartholomew's Hospital.

THE Museum and Library of the College of Surgeons will close on the 31st inst. until the 1st of October.

GREAT NORTHERN HOSPITAL, CALEDONIAN-ROAD, N. A donation of £1000 from "S. W. Y." has been presented to this unendowed charity.

THE presidentship of the British Association for 1870 is to be offered to Professor Huxley.

UNIVERSITY OF EDINBURGH. — Her Majesty has been pleased, by order in Council, dated the 7th of August, to approve Reports by the University Court of the University of Edinburgh, recommending that Professor Syme and Professor Henderson should be permitted to retire from their respective professorships on retiring allowances."

THE quarterly dinner of the Edinburgh University Club was held on the 11th inst., at St. James's Hall. Dr. Sieveking occupied the chair, and Dr. Duckworth, the hon. secretary, acted as croupier. At a meeting of the Council held previously, Dr. J. Burdon-Sanderson, F.R.S., in the chair, Dr. J. Crichton Browne, of the West Riding Lunatic Asylum, Wakefield, Mr. W. A. Mackinnon, V.C., C.B., Staff Surgeon-major, of Netley, and Dr. Ninian A. Williamson, of the 7th Dragoon Guards, were elected members of the Club.

ACCOUCHEMENT IN A RAILWAY CARRIAGE.—As the 8 A.M. train from Liverpool to Birmingham, on last Friday, reached Norton Bridge, one of the stations on the London and North-western Railway, a poor woman, the wife of a coloured seaman, was seized with the pains of labour. Fortunately for the poor woman, a medical gentleman, Mr. Gleeson, of the Holloway Dispensary, happened to be travelling, not only in the train, but in the same carriage, and immediately offered his services, which were gladly accepted by the patient, and between this station and Stafford she was delivered of a fine boy. On the arrival of the train at Stafford, the carriage containing the patient and her strangely-acquired medical attendant was detached, and the labour, we understand, was then completed, and the patient, under the care of her medical attendant, was transferred on a stretcher to the house of one of the railway officials, and put to bed.

BRITISH PHARMACEUTICAL SOCIETY. — The sixth annual conference of this body was opened at Exeter, on Tuesday evening. There was a large attendance of members from all parts of England. The inaugural address was delivered by the president, Mr. D. Hanbury, F.R.S., of London. The Report of the Committee showed that during the year the Society had increased in strength from 562 to 680 members, and that the year's income exceeded the expenditure by £80. The Report was adopted on the motion of Mr. Cooper, seconded by Mr. Husband, both of Exeter. About eighty new members were admitted. Mr. Edward Smith, of Torquay, read a paper "On Pharmaceutical Responsibility and Remuneration," and papers were also read by Mr. Joseph Ince, Mr. W. W. Stoddart, Mr. T. B. Groves, Mr. Carteighe, and Professor Attfield.

METROPOLITAN DEADHOUSES.—The remarks that have been made by the different coroners respecting the disgraceful state of the metropolitan dead-houses, in which, at times, important post-mortem examinations have to be made, have attracted the attention of the vestrymen of the parish of Greenwich. Dr. Purvis, at a meeting just held, stated that not only was there no water-supply in the parish dead-house, but that the water brought for the necessary use of medical men making post-mortem examinations was to be paid for by themselves. The total want of ventilation in the deadhouse was illustrated by Dr. Purvis stating that on one occasion, when making an examination of the body of a man who had poisoned himself with cyanide of potassium, he had to rush from the deadhouse into the churchyard, to escape being poisoned by the effluvia emitted from the body. The vestry determined upon giving the churchwardens the necessary means out of the parochial rates to convert another building into a receptacle for the dead, with skylight, the necessary water-supply, and drainage, and slabs of stones whereon to place the bodies in the event of post-mortem examinations having to be made.

The Times.

OLD St. Bartholomew's men of from ten to forty years' standing will hear with regret of the death of Mr. D. Ferguson, sen., the well-known instrument maker, and will not readily forget his untiring industry, his aptitude for surgical mechanics, and his courteous and obliging manner. He was a contemporary of all the leading surgical spirits of St. Bartholomew's Hospital,—Earle, Vincent, Stanley, Skey, and Lawrence; and among his early patrons may be mentioned the late Sir Charles Bell and John Shaw, also the distinguished Liston. Upon the foundation of the Royal Orthopædic Hospital, some thirty years ago, Ferguson was selected to carry out the various plans of mechanical treatment; and the skill and ingenuity with which he perfected the necessary mechanical details ensured their eminent success. Indeed it is true, that not only did his labours contribute chiefly to the advancement of this branch of the art of instrument making, but that his workshop was its nursery. Ferguson was born in Glasgow in 1789; he lived to the ripe age of eighty, respected and honoured by many members of the profession; and died at his house in Giltspur-street on the 13th inst., much regretted by a large family.

DR. MILLER has been elected Mayor of Derry, vice Dr. T. H. Babington, deceased.

DR. MAUGHAM, has been appointed J.P. for the borough of Carnarvon.

ALLEGED NEGLECT BY A MEDICAL MAN. — A coroner's inquisition was held at Frodingham, Lincolnshire, on Thursday, August 12th, to inquire into the cause of death of Arabella Aldridge, aged thirty-eight. Deceased had died in childbirth, and rumours had got abroad to the effect that her death had resulted from the carelessness and unskilful treatment of the medical attendant, Mr. Paterson, surgeon, Scunthorpe. The body had been interred, but was exhumed by order of the coroner, and a post-mortem examination performed. A good many witnesses were examined, chiefly females, who had been with deceased on the day of her death, and previously. One of these said Mr. Paterson was in liquor at the time he was attending, so much so that he staggered. Another said he asked her for a boot-hook, but not having one, she unscrewed a hook from the ceiling, which she gave him, and he used it. Most of these wit-

nesses deposed to seeing that deceased was dying, and to telling Mr. Paterson so, but he said there was no danger. She commenced being bad on Friday, and she died on Sunday morning. Mr. Paterson was with her all Friday night, several times on Saturday, and once on Sunday morning. He then went for his instruments, but before getting back she was dead. Mr. Paterson was examined as a witness, and detailed his treatment of the case. He denied being in liquor, and said he asked for the hook with the view of getting it over the child's leg, but found it of no use, and went for his instruments, but deceased died before his return. Did not think she was in danger.—Draper Mackinder, M.D., Gainsborough, gave the result of the post-mortem. He said there was no evidence of any injury by instruments. The womb was ruptured on its right side, to the extent of six inches; through that rupture the whole of the left arm, the two feet, and the after-birth, had escaped into the cavity of the body. This caused her death. In a case such as this had been described, no medical man would have thought that such an accident could have happened. He had notes of more than 4000 cases, but never saw one like this before. Professor Casper states it only happens once in 5000 cases. Witness did not think the hook had anything to do with deceased's death. The rupture would not have been prevented if proper instruments had been used, for it had then taken place. Mr. T. T. Des Forges, surgeon, Burton Stather, corroborated last witness. The jury returned a verdict of "Natural Death," and the deputy coroner told Mr. Paterson that he was by this verdict, and the evidence given, exonerated from all blame.

TROUSSEAU'S BUST.—Two busts of this eminent professor have been executed. One in marble has been placed in the principal room of the Faculty of Medicine, and the other in bronze occupies a place in the hall of the Hôtel Dieu Hospital. The expense has been covered by a subscription, and each contributor has been presented, as a "souvenir," with a photograph of the bust. Such a recognition reminds one of the marble statue erected in honour of Dr. Todd in King's College Hospital.

THE number of deaths registered in London last week was 1591, which is 54 beyond the estimated number. There were 323 deaths from diarrhœa, being 48 less than in the previous week. The deaths of 22 children and 5 adults from simple cholera or choleraic diarrhœa were also registered. The mean temperature of the air was 58·5 deg., which is 3·5 below the average of the last fifty years.

A WORKSHOP, belonging to Mr. Clark, a dye-maker, in Pitt-street, St. George's-road, Southwark, was blown to pieces one night this week by the explosion of a bottle of nitric acid. Some adjacent dwelling-houses were much shaken, but no person was hurt.

THE Melbourne "Argus" states that the small-pox epidemic has now entirely disappeared, and that the health of the town is good. Revaccination has been specially attended to.

Medical Appointments.

BEDDARD, J., M.B., has been appointed Honorary Medical Officer to the new Free Hospital for Sick Children, Nottingham.

BROOM, H. J., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Thorverton District of the Tiverton Union, Devon, vice F. Marsdin, M.B., resigned.

BURT, D. A., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer for the Fordell and Dornbristle Collieries and Hillend Club, Fife, vice David Munro, L.R.C.P.Ed., L.R.C.S.Ed., deceased.

CAMPBELL, D., L.F.P. & S. Glas., has been appointed Examiner of Army Recruits for the District of Lochgilphead, Argyllshire, vice H. Jackson, L.F.P. & S. Glas., deceased.

CLARKE, J. F., L.K.Q.C.P.I., has been appointed Medical Officer of Health for Farnworth, Lancashire.

CLAY, R. H., M.D., has been appointed Physician to the South Devon and East Cornwall Hospital, Plymouth.

CLOUSTON, C. S., M.B., has been appointed Medical Officer for the Radnorshire District of the Hay Union, Brecknockshire, vice A. L. Bogle, L.R.C.P.Ed., deceased.

COATES, F. W., M.D., has been appointed Certifying Factory Surgeon for Great Malvern, vice M. G. W. Coates, M.R.C.S.E., deceased.

DUTTON, Mr. J., has been appointed Vaccination Officer for the Wolverhampton Union.

FERRIS, J. S., M.B., has been appointed Medical Officer for the Hillingdon District of the Uxbridge Union, vice W. H. Vipan, M.R.C.S.E., resigned.

GILLIES, J., M.B., has been appointed Medical Officer and Public Vaccinator for the Parish of Glenelg, Inverness-shire, vice A. Pearson, M.D., resigned.

GRIFFITH, T., M.R.C.S., L.S.A., has been appointed Medical Officer and Public Vaccinator for the Town District of the Merthyr Tydfil Union, vice Mr. Miles, resigned.

HANDFORD, T., M.R.C.S.E., has been appointed Medical Officer for the Atherstone District and the Workhouse of the Atherstone Union, Warwickshire, vice G. Mousley, M.R.C.S.E., deceased.

HEWITT, Dr. S., has been appointed a Demonstrator of Anatomy at the Royal College of Surgeons, Ireland.

HORNBY, Mr. T., has been appointed a Medical Officer (*pro tem.*) for the Sutton-upon-Derwent District of the Pocklington Union.

KENYON, J. E., M.R.C.S.E., has been appointed Medical Officer for the new Radnor District of the Kington Union, Herefordshire, vice Henry O. Brown, M.R.C.S.E., resigned.

MACRAE, G. A., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Parish of Sleat, Isle of Skye, and Surgeon to the Isle Ornsay Lighthouse.

MILES, J. F. M., L.R.C.P.Ed., has been appointed Medical Attendant to the Royal Irish Constabulary for Dingle, Annascaul, and Ventry, and Admiralty Surgeon and Agent, Dingle, Co. Kerry.

ORMSBY, Mr., has been appointed a Demonstrator of Anatomy at the Royal College of Surgeons, Ireland.

PATERSON, A., M.D., has been appointed Medical Officer and Public Vaccinator for St. Nicholas Parish, Aberdeen, vice Henry Jackson, M.D., resigned.

PLACE, T. L., M.R.C.S.E., has been appointed Medical Officer for the Orford District of the Plomesgate Union, Suffolk, vice C. J. Grellett, M.R.C.S.E., resigned.

REILLY, F. J., M.R.C.S.E., has been elected Treasurer to the Beaumont Medical Society, vice Mr. J. Stephenson, deceased.

RINGER, B. S., M.R.C.S.E., has been appointed Resident Medical Officer to the Metropolitan Free Hospital, vice Robt. Gorton Coombe, M.R.C.S.E., resigned.

ROBINSON, J., L.R.C.P.Ed., has been appointed Medical Officer for the Ulverstone District and the Workhouse of the Ulverstone Union, vice C. Cranke, L.R.C.P.Ed., deceased.

RUSSELL, LOGAN D. H., M.D., has been appointed Resident Medical Officer to the East London Hospital for Sick Children and Diseases of Women.

VARNDELL, Mr. M., has been appointed Dispenser and Assistant Secretary to the Royal Surrey County Hospital, Guildford, vice Mr. C. B. Hay, resigned from ill-health.

WRIGHT, Mr. F., has been appointed a Medical Officer (*pro tem.*) for the Sutton-upon-Derwent District of the Pocklington Union.

YATE, F., M.R.C.S.E., has been appointed Medical Officer for the Parish of Puttenham, in the Guildford Union.

Births, Marriages, and Deaths.

BIRTHS.

GRAY.—On the 15th inst., at Selby, Yorkshire, the wife of A. C. Gray, M.D., of a son.

GROVES.—On the 14th inst., at Newland West, Lincoln, the wife of E. Groves, L.R.C.P., L.R.C.S., L.M., of a son.

HUNTER.—On the 13th inst., at Marine-terrace, Margate, the wife of W. F. Hunter, Esq., of a son.

MATHEW.—On the 10th inst., at Darjeeling, Bengal, the wife of T. Mathew, M.B., of twins, a son and daughter.

OGSTON.—At Union-street, Aberdeen, the wife of Dr. Alexander Ogston, of a son.

THOMSON.—On the 10th inst., at Castle-street, Dumfries, the wife of Alex. Thomson, M.D., of a son.

TYRRELL.—On the 14th ult., at Sacramento City, California, the wife of G. G. Tyrrell, M.D., of a son.

MARRIAGES.

FRANKISH—WILLIAMS.—On the 25th of March, at Christ Church, Canterbury, New Zealand, John D. Frankish, M.D., to Mary, fourth daughter of the late John Williams, Esq., of Dunfermline, Fifeshire, Scotland.

JAMES—MATHESON.—On the 2nd of June, at St. Kilda, Melbourne, Matthews James, M.R.C.S.E., L.S.A. (Honorary Surgeon to the Melbourne Hospital), son of the late Rev. W. J. James, Incumbent of Clive, Salop, to Annie Margaret, eldest daughter of John Matheson, Esq.

GREAVES—COX.—On the 10th inst., at Hardingstone, Northamptonshire, Charles Augustus Greaves, M.B., LL.B., of Derby, to Ellen Eva, eldest daughter of the Rev. R. H. Cox, M.A., Vicar of Hardingstone.

PHILLIPS—HOPKINS.—On the 3rd inst., at Oystermouth Parish Church, near Swansea, Thos. E. Phillips, M.R.C.S.E., of Treorki, Pontypridd, to Catherine, daughter of the late Mr. Ed. Hopkins, of Llandovery, Carmarthenshire.

WATSON—KIRK.—On the 12th inst., at Bathgate, David Watson, Esq., of Bathville, to Robina, only daughter of James Halfour Kirk, M.D.

WILMOT—ELDERTON.—On the 17th inst., at St. Gabriel's, Warwick-square, Pimlico, Alfred E. Wilmot, L.R.C.S.E., of Escrick, York, third son of W. Byam Wilmot, M.D., of Ryde, Isle of Wight, to Mary Macrae, youngest daughter of Charles M. Elderton, Esq., Barrister-at-Law.

DEATHS.

BLAND.—On the 14th inst. (accidentally killed by a railway train), John Bland, M.R.C.S.E., of Durham.

CLARK.—On the 12th inst., D. Clark, L.R.C.P.Ed., of Spennymoor, Co. Durham, aged 42.

COOKE.—On the 12th inst., at Worcester-street, Gloucester, Wm. Bishop Cooke, M.D., aged 39.

HUNTER.—On the 17th inst., at Marine-terrace, Margate, Jane Benson, the dearly loved wife of W. F. Hunter, Esq., aged 25.

KIRKLAND.—On the 15th inst., Thomas Kirkland, M.R.C.S.E., of Ashby-de-la-Zouch, aged 84.

LEETE.—On the 4th inst., E. S. Leete, M.R.C.S.E., of Newton-le-Willows, Lancashire, aged 55.

WING.—On the 9th inst., at Hammersmith, C. Wing, M.R.C.S.E., aged 76.

Notes, Short Comments, and Answers to Correspondents.

THE AMMONIA TREATMENT OF SNAKE-BITE.

DR. FAYRER is still continuing his experiments with snake poison in India, and has recently, in conjunction with Dr. Ewart and others, attempted to ascertain what are the real virtues of the ammonia treatment of snake-bite, suggested by Professor Halford. Dr. Fayrer finds, in the first place, that the injection of ammonia into the veins of healthy dogs is a serious matter, producing grave symptoms, such as convulsions and marked muscular prostration, life being often imperilled. In the second place, the bite of the cobra seems to produce its ordinary effects, even when ammonia is injected into the veins of dogs. A large powerful dog had the right femoral vein exposed, and was then bitten by a fresh and full-grown spectacled cobra in the left thigh at 3.6 P.M. In two minutes it began to stagger, and micturated. Forty drops of tincture of ammonia were then injected into the femoral vein very carefully at 3.9. The dog was violently convulsed. At 3.10 it stood up, and breathed rapidly. At 3.13 it stood alone. At 3.15 it lay down, and salivation was profuse. At 3.20 it was better, walked, but dragged the injected leg. At 3.30 thirty drops of ammonia were again injected. After this the animal became sluggish. At 3.43 it was worse, and forty drops of ammonia were injected under the foreleg; and so matters went on till the dog died at 3.54, or in forty-eight minutes, about the usual time after snake-bite. This is a sample of the experiments. In one case the ammonia treatment hastened death. Dr. Fayrer also records other instances in which he obtained evidence to show the immunity of the venomous snakes from any evil effects from bites of their own species, or other poisonous snakes. These experiments are recorded in the *Indian Medical Gazette*, and form an interesting contribution to the general question of the treatment of snake-bite.

An Inquirer.—We cannot undertake to recommend any individual practitioner. Our correspondent can obtain the information he needs by reference to Churchill's Medical Directory, or by applying to his own medical attendant.

THE letter of *Mr. F. M. Pierce* shall appear next week.

INFANTRY EQUIPMENT.

To the Editor of THE LANCET.

SIR,—As you have taken a great interest in the infantry equipment question, I beg to inform you that the recent decision for adopting the valise equipment in the army was announced before I drew the attention of the authorities to the unnecessarily unequal regulations of the recent trials of which you have lately given an account. The Secretary of State for War has, in consequence of my remonstrance, arranged that a new trial shall take place.

You are aware that I have been remonstrating for some time past against the unfairness of the Committee, and so long as they were sitting I could make no impression to remove it; but now they have been dissolved, I am obtaining—indeed I may say I have obtained—the redress I felt I was so justly entitled to, and a fair competitive trial between the Committee's system of equipment and mine is now being arranged.

Then as to Prussia, where you announce the valise equipment has been received with considerable favour, my equipment will likely soon be, as the Prussian military representative in England has recently inspected it, and, in consequence of the favourable impression he has received, determined to apply to his own Government for permission to send to Berlin some sets for trial; and if he reports his opinion as he expressed it to me—and which no doubt he will,—his request, since he knows well the valise equipment, is not likely to be denied, that opinion being "decidedly the best that he has yet seen."

Sincerely yours,

Wigmore-street, W., Aug. 19th, 1869. J. M. CARTER, Lieut.-Colonel.

Medical Student, T.C.D.—Dr. Marshall Hall's work on Convulsive Diseases is probably the best authority on the subject. Laryngismus stridulus is also described in every standard work on Children's Diseases, such as those of West, Hilliar, &c.

M. T. K.—The use of the title "Surgeon" by an apothecary is not strictly legal. Mr. Taylor has just been fined for doing this.

Much in Doubt.—The disease is very often contracted in the manner described.

THE ANTISEPTIC TREATMENT.

To the Editor of THE LANCET.

SIR,—As Mr. Nunneley's severe criticism of the antiseptic treatment is calculated to prejudice the minds of some against it, and so impede the progress of surgery, I am anxious to bear testimony to its really satisfactory results as observed by me in several cases last week, under the care of Prof. Lister, in the Glasgow Infirmary.

Until the recent improvements which Prof. Lister has made in his treatment are published, and the careful manner in which he carries it out in all its details is *seen*, I do not think that anyone is in a position to form a judgment of it.

I had previously seen the antiseptic treatment practised, probably as seen by Mr. Nunneley, but in a very different way from that at present practised by Prof. Lister. It is to be hoped, therefore, that he will soon make known to the profession his recent advances in the carrying out the details of his treatment. Whether the theory of his treatment be true or not, there can be no doubt that the results obtained by it are exceedingly satisfactory, as anyone may satisfy himself by a visit to Prof. Lister's wards.

I am, Sir, yours, &c.,

THOMAS JONES, M.B.,

St. George's Hospital, Aug. 17th, 1869. Resident Medical Officer.

HEALTH OF SCOTLAND.

ACCORDING to the Scotch Registrar-General's Quarterly Return, the general health of the Scottish population was bad and the mortality unusually high during the second quarter of the present year; so much so, indeed, that, after allowing for increase of population, 1600 deaths in excess of the average occurred. The prevailing unhealthiness is attributed to the inclement weather; and it is remarkable that instead of June being one of the six healthiest months, as it usually is, its mortality was as high as that of January, which is one of the most fatal in the year. A long continuance of northerly winds of biting severity, combined with a low temperature of the air, led to an excessive amount of fatal diseases of the respiratory organs, and had a particularly baneful influence on persons of advanced age, so that in many parishes all the older inhabitants were cut off. One of the local registrars in Aberdeenshire reports the existence of a new disease, the symptoms of which are sore-throat, acute headache, and an eruption like that accompanying scarlatina, only that the spots are above and not under the skin. Dr. Stark considers that this is probably an outbreak of "dengue," the eruptive fever common in the West Indies, but which has at rare intervals appeared as a local epidemic in this country.

C. W. asks—"Can any of your numerous readers inform me where I can obtain a published Lecture on Popular Natural History, or on the Curiosities of Natural History?"

A Constant Reader.—It is not our custom to give such advice as is asked for.

PRESERVATION OF THE HUMAN BODY.

To the Editor of THE LANCET.

SIR,—As the study of morbid anatomy and pathology becomes more and more important with every advance of medical science, so the due preservation of pathological specimens becomes of greater urgency. I therefore beg to forward for publication in your columns the following extract from a letter which appeared in the *Athenæum* of the 7th inst., in the belief that it relates to a subject of great interest to the profession, and in the hope that it may lead to some investigation which may eventually enrich our museums with morbid specimens more true to life than those hitherto preserved.

Your obedient servant,

ALFRED MEADOWS, M.D.

George-street, Hanover-square, August, 1869.

P.S.—The writer of the letter is quite unknown to me, and I merely extract this from a long letter, as being of special interest to the medical profession.

"The *Athenæum* of the 24th inst. published some observations on the discovery by Prof. Abbate of the means of preserving the human body. Since my last communication I have received other details, in reply to questions proposed, on this most interesting and important subject, which I send to you, without hesitation, in a condensed form. Some secret similar to Dr. Abbate's has existed for a long time, as all travellers who have visited Florence probably well know. In the Cabinet of Physiological Anatomy in Santa Maria Novella, there are preparations of portions of the human body by Dr. Segato. The Grand-Ducal Government refused to purchase the secret, which died with Segato. His preparations, I repeat, were only portions of the body; whereas that which is now being exhibited in Naples, in the ex-Convent of Santa Maria della Nuova, is the entire body of a youth of seventeen years of age, who died of phthisis about the end of last January. For five months, therefore, it has resisted the action of a very variable atmosphere. The features, the integrity of the form, are perfectly preserved, as they were at the moment of death. The nails have a roseate hue; there is no odour of any kind; and the flesh has the hardness almost of marble. To this let it be added that the hair adheres so tenaciously to the head that it is impossible to remove it, of course without violence. The operation of embalming or petrifying is effected in a few hours, without the necessity of removing the dress; indeed, another body has been petrified, according to the same system, without taking off the dress, and even preserving the gloves on. 'We know,' says a medical gentleman, not an Italian, to whom I am indebted for these details, 'that some gentlemen in Naples, after having proved what we have stated, have made an alteration in their wills, imposing it as an obligation on their heirs that they shall apply the system of Abbate to their bodies, in the event of their dying before the Professor.' This discovery has, however, a more practical and important phase—that is, its use in preserving meat fresh. Abbate asserts he has succeeded completely. There are difficulties in this special application of it which would not present themselves in the petrifaction of human bodies, such as the danger of introducing substances injurious to health, or affecting the taste, the appearance, or the nutritive qualities of the meat. All these difficulties Abbate declares he has overcome; and it is a known fact that a first-rate house in Italy, whose commercial relations with the Americans are considerable, has already made offers to Abbate on the subject. Should it be proved by experience to be true that the wholesome food of man—which is now thrown away in vast districts as utterly unavailable, or is only melted down for the sake of the fat—can by simple and inexpensive means be exported to Europe fresh and good, an inestimable boon will have been conferred on humanity. This our Professor asserts he can do; and as he has already done so much, surely his system deserves the attentive examination of all scientific men. During his life Abbate has no intention of making known the secret of his discovery; but he is prepared to visit any part of the world which he may be requested to visit, and show the results of his invention."

A QUESTION IN CHEMISTRY.

To the Editor of THE LANCET.

SIR,—Will you or any of your readers kindly inform me how to reconcile the statements below.

Fownes, in his Chemistry, has a table at the end, comparing the degrees of Baumé's hydrometer (heavy fluids) with specific gravity, stating that 66 Baumé is equal to 1·767 specific gravity.

Now, Dr. Adriani, an Italian chemist, states that 66 Baumé is equal to 1·847 specific gravity at 57° Fahrenheit. Dr. Adriani vouches for the correctness of this. Can you reconcile this discrepancy? Can both be correct? and if not, which is?

Yours obliged,

Diss, Norfolk, August 17th, 1869. STUDENS.

PUBLIC versus PRIVATE VACCINATORS.

M.D. says that though a public, he is also a private vaccinator. He approves of large vaccination districts—very naturally, perhaps. But we must own to a strong doubt of the propriety or the policy of the State vaccinating the children of those who can afford to pay for vaccination. It is unjust to the taxpayers of the country; it is bad for the people; and it would be highly offensive to private practitioners to have public vaccinators interfering with their patients. Moreover, to aver that private practitioners are not fit to vaccinate is to insult them. The Privy Council may rest assured that it cannot maintain the present compulsory law without the cordial support and concurrence of the medical profession. Its members are, doubtless, too public-spirited and disinterested to allow themselves to judge of vaccination on any but scientific grounds; but that is no reason why the Privy Council should do anything to prejudice them against a severe but beneficent law.

An Old Subscriber.—We know nothing of the Society mentioned.

THE POOR-LAW MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—The enclosed speech was composed with the intention of its being delivered at the late annual meeting of the Poor-law Medical Officers' Association on the 28th ult.; but, owing to my own inadvertence and that of my colleagues, it was omitted. We feel the subject to be of considerable importance to all of us, and are anxious that the example set by this union should be again put before our brethren in all parts of the country. With this end in view, may I ask the favour of your giving insertion to it in the pages of THE LANCET. I send it in its original form.

I am, Sir, yours very truly,
Amersham, August, 1869. WILLIAM PROWSE.

MR. CHAIRMAN AND GENTLEMEN,—I have been requested by your Secretary to say a word or two concerning what has lately transpired in connexion with the Amersham Union, and in doing so I will very briefly submit to you the facts of the case. You all must be aware of the recommendation of the Committee of the House of Commons, that guardians should supply expensive drugs. On the strength of this, last autumn, I sent in a bill for £2 9s. for quinine, &c., used during the previous six months. This was refused, and I forthwith applied to the Poor-law Board, the result being a letter from the Poor-law Board to the guardians, recommending them either to pay the bill, or keep on hand a stock of quinine, cod-liver oil, and other expensive medicines. On this the guardians consented to keep a supply of quinine and cod-liver oil; but with respect to supplying any other expensive medicines, that was a responsibility which these brave gentlemen could not think of taking on themselves. Moreover, in granting the two medicines specified, an attempt was made to impose a restriction to which we did not feel inclined to submit. It was required of us that we should give the names of the patients to whom these drugs were administered, and the quantity supplied to each. Feeling this requisition to be, if not insulting, at least wanting in respect to us as members of a liberal profession, we sent in a round-robin, assuring the guardians that we had no intention of appropriating their property, and this had the effect of causing the obnoxious restriction to be withdrawn. Whether many of my brother-officers throughout the country have put in their claims for cod-liver oil and quinine, I have no means of knowing; but certainly, if not, I should recommend them to do so without delay, and endeavour to get the other expensive medicines as well. Depend upon it, if we are to get what is our righteous due, we must not be backward in coming forward to claim our rights. This certainly is the case with the Union at Amersham, as was illustrated by my last contest with the Board. This was a dispute about my last half-yearly account for extra medical work. The amount of the bill was £17 15s., consisting of thirteen items; six of those items (£10 in all) were disallowed by the guardians. I then appealed to the Poor-law Board; the result being a letter from them to the guardians, recommending them to reconsider their decision—a course that was accordingly followed, with the result of my being paid on *all* the expunged items of my account. First, three of the six were allowed; then a fourth; and ultimately the two remaining. These facts, gentlemen, I have briefly set before you, that the exertions of the medical officers of the Amersham Union, and the success that has attended them, may be some encouragement to others to "go and do likewise." While the profession continues to be so wretchedly underpaid, and reform in this respect is what we all feel to be "a consummation so devoutly to be wished," certainly no stone should be left unturned, nothing, however trivial in itself it may appear, should be left undone that may serve to promote such a righteous cause. Now, it appears to me that it would be one important step towards the great ultimate object we have in view, if every medical officer would faithfully claim, persistently demand, and fully appropriate all that *justly* and *legally* belongs to him. A great man who had much to do with boards and committees once gave it as his opinion that "a committee had no *heart*, and a board still less." And certainly universal experience testifies that the Poor-law Board and local boards in general have not so very much of heart in them, are not so very lavishly liberal, as to make it expedient for us to trust implicitly to their noble generosity. If we do, we shall find ourselves far short of even that scant measure of justice that Government has dealt out to us, and for a long time to come shall have to stick in the mud with respect to our "larger hope." Like the coy young damsels of the period, Boards need a deal of pressing before you can get anything out of them. I say, then, with respect to all legal claims, stand up like men for your rights; whatever it may be, press it to the hilt; stick to it like a brick; and then, and not till then, may you hope for something more.

BRITISH AND FOREIGN DEGREES.

Dr. Hitchman desires to acknowledge the receipt of numerous letters from correspondents, detailing examinations undergone for the above degrees both from admitted and rejected candidates. He says: "Foreigners know that they have been utterly eclipsed by Britishers in this matter of doctor-making."

Alphabet.—It is impossible to say what the Poor-law Board would think of such an arrangement, which must be considered with reference to other points than simply meeting the requirements of residence; but this requirement would be curiously complied with.

S. T. G. should consult a medical practitioner. We do not give advice.

THE MANCHESTER BOARD OF GUARDIANS AND DR. LEDWARD.

A COMMITTEE meeting of the Manchester Medico-Ethical Association was convened the other day to take into consideration the recent vote of censure passed on Dr. Ledward by the Board of Guardians. A letter was read from that gentleman, however, by the Secretary, in which he stated that he wished to avoid further publicity, and therefore deprecated any further action being taken in the matter, being himself satisfied with numerous letters he had received privately from members of the profession, expressing their sense of the injury which had been done him. It was, therefore, resolved to allow the matter to drop, and for the same reason no further steps have been taken in other quarters.

Mr. W. Watson.—Consult a medical man.

A Subscriber.—Unfortunately the subject of celibacy has been left too much to filthy quacks. We do not know of a good work on the subject, though more or less complete statements on it are to be found in various works on Medicine and Physiology.

TREATMENT OF SCIATICA.

To the Editor of THE LANCET.

SIR,—In answer to "M.D.'s" query on this subject in your last impression, I beg to contribute a few remarks.

In cases of prolonged and obstinate sciatica, there is little, in my opinion, that can be done. The application of "Corrigan's iron" along the course of the nerve produces the most benefit; but this painful procedure should be dispensed with until other and less irritating means have been applied. Subcutaneous injection of morphia and external application of tartar emetic are worthy of trial, as well as some of the many old remedies in everyday use; while ether, Fowler's solution with quinine or strychnia, combined with morphia, may be administered internally. These combinations I have seen productive of the most beneficial results in all cases of extremely exalted nervous irritability, particularly when confined to a single nerve or its branches. I have used in some cases sulphate of beberia and morphia with great success. However, in every instance where such measures signally fail, "firing" is undoubtedly the best chance of ultimate success, although some few, possessing little courage, and still less confidence in their adviser, might prefer "rather to bear the ills they have than fly to others that they know not of." Yours obediently,

South Molton, Aug. 10th, 1869. FRANCIS E. CLARKE, A.B., M.B.

To the Editor of THE LANCET.

SIR,—If your correspondent, "M.D.," has not tried the effect of hypodermic injections of morphia or atropia, I would advise him to do so, having myself frequently cured cases of the disease which had resisted all other treatment employed. In fact, I have never known it fail to relieve; and where a permanent cure has not been effected, organic disease of the spinal cord has been either proved or suspected, or the pain has been due to the passage of a calculus down the ureter.—Your obedient servant,

Cerne Abbas, Aug. 16th, 1869. JOHN EWENS, L.R.C.P.

M.D., Junior.—1. To this we have no data for a trustworthy reply.—2. We should say that the following books would answer our correspondent's purpose: Tanner (sixth edition); Garrod's Essentials (third edition); Guy's Forensic Medicine (third edition); Churchill; Fergusson.

PROFESSIONAL ADVERTISING.

A CORRESPONDENT directs our attention to the following notification cut from the *Windsor and Eton Herald*.

"Mr. Mitra, Surgeon and Physician, Edinburgh, late Surgeon-Superintendent, 'Ancilla,' Glasgow, will be found at 6, Adelaide-terrace, from 10 to 1 A.M., and from 4 to 8 P.M., for medical advice and out-door visits."

M.R.C.P.—All depends upon the terms of any agreement which may exist between principal and manager. The questions are such as should be put to a lawyer rather than ourselves. It is impossible to give any general answer.

NEW SYDENHAM SOCIETY: BIENNIAL RETROSPECT.

To the Editor of THE LANCET.

SIR,—The complaint I made was not that mistakes will creep in, but that they are not corrected. I do not profess to be a competent critic. I suppose none of the owners of the volume is competent to judge of all parts of it. Our confidence in that whereon we most need information would be increased if each successive issue of the Society's publications contained a list of errata. I am much obliged to the "Editor of the Medicine Report."

Yours respectfully,
Stoke Newington, Aug. 14th, 1869. R. H. COOKE.

Mr. J. Ferrier Clarke.—We cannot at the moment call to mind any work which would answer the purpose of our correspondent. Perhaps the best way would be for him to communicate with Dr. J. N. Vines, St. John's, Southwark, on the subject.

K. T.—The University of St. Andrews grants a degree to practitioners above forty years of age only without residence. We would recommend application to the University of Brussels.

ON THE TREATMENT OF INTERMAXILLARY CLEFT.

To the Editor of THE LANCET.

SIR,—Would you allow me to say, in reference to Mr. Thomas Smith's paper, that I have now operated on many cases of cleft palate with chloroform, and without any other gag than a silver spoon; that my success has been greater than Mr. Smith's, if I am to judge from his own account; and that in this operation, as in all others, I think special and complicated mechanism, however ingenious, ought to be avoided if possible.

I intend as soon as convenient to publish some modifications of the operations, and hope to show also that the division of any muscle is wholly unnecessary. I am, Sir, yours, &c.,

Wakefield, August 16th, 1869. LAWSON TAIT.

P.S.—I may add that I have operated on two children three months old, and one of my most successful cases was a child aged nine months.

Introduction of Cod-liver Oil.

Lancet.—Dr. J. Hughes Bennett is entitled to the great credit of introducing this remedy for phthisis. The oil had been used in Westphalia from time immemorial as a popular remedy for gout and rheumatism, and in the Highlands of Scotland as a remedy for rickets and scrofula. In 1782, according to Percival, nearly a hogshead of the oil was annually consumed at the hospital of Manchester for the cure of chronic rheumatism, sciatica of long standing, premature decrepitude, &c. (Stillé.)

M. T., (Surrey.)—We do not prescribe.

A Physician.—There are very few institutions in London doing the class of business referred to by our correspondent. The only one with which we are acquainted is the Victoria Assurance Society, at 49, Fleet-street.

Concussion of Brain and Severe Scalp Wound: Use of Metallic Sutures and Carbolic Acid.—The Necessity of Government Inspection of Steam-boilers.

To the Editor of THE LANCET.

SIR,—On July 16th, Dennis W——, aged fourteen, employed at iron-works near this town, was admitted here with concussion of brain and extensive scalp wound, occasioned by the bursting of a steam-boiler. The wound was brought together by metallic sutures, and carbolic-acid dressing (1 to 5 of linseed oil) was, as usual, employed. In two days it healed by the first intention, without a drop of pus.

I can confirm the statement lately made in your columns, that metallic sutures in scalp wounds are not liable to induce erysipelas, particularly when carbolic-acid dressing is used. This is a fact of considerable practical importance, as sutures in scalp wounds used, in former days, to be dreaded and condemned.

On the evening of July 16th, unmistakable symptoms of meningitis developed themselves. This was met by appropriate treatment, into the particulars of which I need not enter, and, notwithstanding the utmost care and attention from our honorary surgeons, the poor boy gradually sank, and died on the 20th July.

No post-mortem examination was allowed; but I think it probable that there was fracture of the base of the cranium.

Three men also were severely wounded and contused by the same accident, and had likewise symptoms of concussion of brain more or less severe. Carbolic-acid dressing was used, and they are recovering.

It is surely high time that we had a Government inspection of steam-boilers, and I trust that during next session the provisions of the Factory Act may be extended for this purpose. "Where there is a will there is a way," and legislative action is imperatively demanded. The Home Secretary should not be allowed to shelve this important subject on account of the acknowledged difficulty of the task of inspecting all the boilers in the kingdom.

My chief object, however, in sending this note is to record the rapid healing of the wounds under the carbolic-acid treatment, now *sub judice*, the merits of which men, whose honoured names justly carry great weight and influence, seem determined to depreciate.

I am, Sir, your obedient servant,
Kidderminster Infirmary, Aug. 16th, 1869. JOHN ROSE, M.D.

P.S.—We have at present under treatment two other cases of concussion of brain, both of which are recovering. One man fell from his horse, and had rather profuse bleeding from one ear. He had only recently been discharged, having had his left arm amputated in consequence of a gunshot wound. This man I had good reason to remember, as he hit me most severely in the arm when struggling in a semi-conscious state as he was being placed under chloroform, giving me rather an unpleasant personal experience of the pains and perils of practice. Should my recording this trivial incident provoke a smile, it may at least lead to caution on the part of house-surgeons and chloroformists.

Berry Defence Fund.

To the Editor of THE LANCET.

SIR,—At a committee meeting of the above Fund, held on the 13th inst., it was resolved to close the list of subscriptions on September 8th. Mr. Berry's expenses amount to sixty guineas.

The following sum has been received:—

Amount already acknowledged	£31	12	0
Medical Sympathisers at Wolverhampton, per T. A. Turner, Esq.	1	10	0

Further subscriptions will be gladly received by H. Woolcott, Esq. (Treasurer), Charing-cross Hospital; or by yours truly,
Charles-street, Soho, Aug. 18th, 1869. E. SANDWELL, Hon. Sec.

Spessamoor.—We certainly think it would be very hard to hold the Railway Company liable beyond the time at which notice was given, the person injured being a trespasser. They respect the action of their officials by recognising their orders to our correspondent. They should never have disputed this. But they may fairly be excused from admitting further liability.

Promotion of Army Medical Officers.

To the Editor of THE LANCET.

SIR,—Might I ask, through the medium of your journal, what is to become of the senior assistant-surgeons of the army? Is there to be any more promotion for them; or are they to be left *in statu quo* until by length of service they get entitled to the rank of Surgeon-Major? I can assure you that in this country we feel the slight put on us in many ways. I shall instance one. Indian men, as you are aware, are promoted at twelve years' service; so you constantly see a British medical officer of thirteen or fourteen years' standing a member on a Board where a twelve years' Indian officer is President. I can only add that I am thoroughly disgusted at being so long an assistant-surgeon. Yours, &c.,
India, July, 1869. ONE OF THEM.

Mr. Isaac Rowland.—Practitioners in the position of our correspondent should have facilities offered to them for getting a medical diploma. Meantime they cannot recover in medical cases. The time of partial qualifications is coming to an end.

Sutus.—We presume that the Poor-law Board would recognise the degree of Bachelor of Medicine of a Scotch University as a medical qualification. Registrars are advised not to accept certificates from unqualified persons.

Army Medical Department.

WE do not know what was Mr. Cardwell's answer to the question put to him in the House of Commons regarding the constitution of the Army Medical Board at Whitehall-yard. It was stated in the papers at the time to have been inaudible to the reporters. If the causes for discontent, which call loudly for redress, are in existence, the plan would be to take another opportunity of asking the War Minister some questions in regard to these, when it may be hoped that he will have regained his voice.

Coincidence: So-called Effects of Vaccination.

To the Editor of THE LANCET.

SIR,—Now that so much is said about the ill-effects of vaccination, it may be useful to record the following coincidence:—

On May 1st, 1863, I called to vaccinate an infant. Its mother was from home, and I declined to vaccinate in her absence. On the 8th, I was sent for to see the child, and found it with an acute attack of eczema. The mother said: "Well, Sir, had you vaccinated on Monday, you certainly might have talked till Doomsday, and I should never have believed but what vaccination did it." Yours faithfully,
Framlingham, August, 1869. GEO. E. JEAFFRESON.

THE insertion of the first part of *Sir J. Y. Simpson's* paper on "Hospitalism" is unavoidably postponed, in consequence of the late arrival of the very "heavy" proof.

Alienist.—Not with any propriety of language.

Extras of Poor-Law Surgeons.

To the Editor of THE LANCET.

SIR,—The following extract from "Glyn's Poor-law Board's Orders" will answer the letter of "A Poor-law Medical Officer" in your impression of July 31st:—

"The term 'childbirth' applies *only* to cases in which the child was or might have been born alive; hence the delivery of a seven-months' child comes within the term 'childbirth.' Attendance on a case of miscarriage, or in consequence of symptoms of premature labour, or if the woman was only four or five months gone with child, do *not* entitle the medical man to an extra fee." Yours obediently,
A POOR-LAW MEDICAL OFFICER OF
Dover, August 16th, 1869. THIRTY YEARS' STANDING.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir J. Y. Simpson; Dr. Hilton Fagge; Dr. Peacock; Dr. Aldis; Mr. Wootton; Dr. Philipson, Newcastle; Mr. Hodden; Dr. Groves, Lincoln; Mr. Sewill; Mr. Cameron; Dr. Cooke, Stoke Newington; Dr. Burder, Bristol; Dr. Sawyer, Birmingham; Dr. Clarke, South Molton; Mr. Hetling, Tiltcove, Newfoundland; Dr. Charteris, Hipperholme; Mr. Griffiths, Merthyr Tidfil; Dr. Allbutt, Leeds; Dr. Morris, Barnsley; Dr. Hitchman, Liverpool; Mr. Baugham; Dr. Greaves; Dr. Tait, Wakefield; Dr. Burt, Aberdeen; Dr. Rose, Kidderminster; Mr. Haxell; Mr. Fennell, Leeds; Dr. E. Thompson, Edinburgh; Dr. Barlow, Manchester; Dr. Heffermann, Ferryhill; Dr. Heywood Smith; Mr. Neill; Mr. Ibbotson; Mr. R. Williams; Dr. Ewens; Mr. Frederick; Dr. Cooke, Stroud; Mr. Deane; Mr. Reuton; Mr. Painter; Mr. Mowbray, Edmonton; Mr. Sanders, Exeter; Mr. Adams; Mr. W. Jones; Mr. Reilly; Mr. Lamond, Glasgow; Mr. Hussey, Oxford; Mr. Maltby; Dr. Williams, Llangefni; Mr. Walter, Hanley; Mr. Lane; Mr. Wakeling; Mr. Dunne; Mr. Poure; Mr. Cowie, Ware; Mr. Reeve, Harborough; Mr. R. Peterson, Waltham; Mr. Phillips, Pontypridd; Mr. Wood; Mr. Asburne, Bath; Mr. Grimwade; Dr. Hall; Dr. Davies, Morriston; Mr. Jeffery, Epsom; Dr. Best, Aberdeen; Mr. Williams, Welshpool; Mr. Robertson; Mr. Jubb; Mr. Walker, Rochester; Dr. Hovell; Mr. Lupton; Dr. Foster, Birmingham; Mr. Fernley; Dr. Sutcliffe, Highampton; Dr. Ogston, Aberdeen; Dr. Holmes, Tredegar; Mr. Heane; Mr. Winstanley; Mr. Wallis, Truro; Mr. Walsh, Canterbury; Dr. Gibson; Dr. Thomas Jones; Mr. Hicks, Ramsgate; Mr. Colman; Dr. Anderson, Glasgow; Dr. Alfred Meadows; Dr. Hardie; Mr. Smiles, Ramsgate; Mr. Procter; Mr. Milligan, Keighley; Mr. Hayman; Mr. Beveridge, Aberdeen; Dr. Duckworth; Mr. Roberts; Dr. Neufield, Manchester; Mr. Law, Eltham; Mr. Parsons; Mr. Sydney; Mr. Watson, Manchester; Mr. J. D. Frankish, Canterbury, New Zealand; Dr. Pierce; Mr. Jeaffreson, Framlingham; Mr. Debenham; Mr. Whitford; Mr. Reid; Mr. Provard, Glasgow; Mr. Mills; Mr. R. Evans, Hawarden; Dr. Griffith; Dr. Worley, Chertsey; Mr. Cairns; Mr. Hargist; Mr. Cruse, Kidderminster; Mr. Hanbury; Mr. Gant; Dr. Clarke, Farnwich; Dr. Jag, Chippenham; Dr. Rogers, Carlton; Mr. James, Gravesend; Mr. Sandwell; Lieut.-Col. Carter; Dr. Coates; Dr. Russell; Epsilon; J. H.; M.D.; J. M.; The Director-General of the Army Medical Department; B. A.; M.R.C.S.; An Old Subscriber; K. T.; A Constant Reader; M. S. K.; I. T.; O. P.; M.R.C.P.; N. W. B.; An Inquirer; C. W.; Scoparius; &c. &c.

Australian Medical Gazette, Craven Weekly Pioneer, Madras Athenæum, Manchester Examiner, Brighton Guardian, Exeter Change, Melbourne Age, New York Quarterly Journal of Psychological Medicine, Brighton Gazette, Melbourne Argus, Australian Medics' Journal, West-End News, Sudborough Gazette, Manchester Guardian, and *Halstead Gazette* have been received.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£2	13	0
For every additional line	0	0	6	For a page	5	0	0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.

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IODIDE of IRON, approved by the Paris Academy of Medicine, authorised by the Medical Council of St. Petersburg, successfully tried in the Hospitals of France, Belgium, Ireland, Turkey, &c.; likewise attested by documents inserted in most works on Medicine and Pharmacy, particularly in the new French Codex of 1866. These Pills now occupy an important place in Therapeutics. Partaking of the properties of Iodine and Iron, they are admirably suited to act against numerous affections determined by Scrofulous Cachexia (Encysted Tumours, Abscesses, Caries of the Bones, &c.), Constitutional Syphilis, Chlorosis, Leucorrhœa, Amenorrhœa, and the first stages of Phthisis. These pills, in fact, offer to Practitioners a medicament the most energetic to stimulate the organism and to fortify weak or debilitated lymphatic constitutions.

N.B.—The impure or changeable Iodide of Iron is a medicament irritating and unreliable. As a guarantee of the purity and authenticity of the genuine Blancard's Pills, observe my seal in silver (reagent) and my signature hereto affixed at the bottom of a green label.—Beware of imitations.

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THE SILVER MEDAL, PARIS, 1867.

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